| Fill in this information to identify your case: | | |
|---|-------------------------------|-----------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF OHIO | | |
| Case number (if known) | Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ■ Chapter 13 | ☐ Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | t 1: Identify Yourself | | | |
|-----|--|--|---|--|
| | | About Debtor 1: | | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | Leonard First name J Middle name Bunaisky Last name and Suffix (Sr., Jr., II, III) | - | Amy First name L Middle name Wright Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have | | | |
| | used in the last 8 years Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-3850 | | xxx-xx-5481 |

Official Form 101

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years | ■ I have not used any business name or EINs. | ■ I have not used any business name or EINs. |
| | Include trade names and doing business as names | Business name(s) | Business name(s) |
| | | EINs | EINs |
| 5. | Where you live | 36238 Westfield Dr. | If Debtor 2 lives at a different address: |
| | | North Ridgeville, OH 44039 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Lorain | |
| | | County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

| | btor 1 Leonard J Bunais btor 2 Amy L Wright | ky | | | - | Case number (if known) | | |
|-----|--|----------------------|--|--|--|--|--|--|
| Pai | rt 2: Tell the Court About | Your Bankı | ruptcy Ca | ase | | | | |
| 7. | The chapter of the Bankruptcy Code you are | | | orief description of each, see <i>No</i> | | by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy riate box. | | |
| | choosing to file under | ☐ Chapter 7 | | | | | | |
| | | ☐ Chapt | er 11 | | | | | |
| | | ☐ Chapt | er 12 | | | | | |
| | | ■ Chapt | er 13 | | | | | |
| 8. | How you will pay the fee | abo ord | ut how yo | ou may pay. Typically, if you are attorney is submitting your pay | paying the fee | neck with the clerk's office in your local court for more details yourself, you may pay with cash, cashier's check, or money ehalf, your attorney may pay with a credit card or check with | | |
| | | | | y the fee in installments. If you ee in Installments (Official Form | | ption, sign and attach the Application for Individuals to Pay | | |
| | | ☐ I re but app | quest that is not req lies to yo | at my fee be waived (You may uired to, waive your fee, and ma ur family size and you are unabl | request this op ay do so only if e to pay the fe | tion only if you are filing for Chapter 7. By law, a judge may, your income is less than 150% of the official poverty line that e in installments). If you choose this option, you must fill out official Form 103B) and file it with your petition. | | |
| | Have you filed for | | | | | | | |
| 9. | Have you filed for bankruptcy within the | No. | | | | | | |
| | last 8 years? | ☐ Yes. | | | | | | |
| | | | District | | When | Case number | | |
| | | | District District | | When When | Case number Case number | | |
| | | | DISTRICT | | vviieii | Case Hullibel | | |
| 10. | Are any bankruptcy | ■ No | | | | | | |
| | cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | ☐ Yes. | | | | | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| | | | Debtor | | | Relationship to you | | |
| | | | District | | When | Case number, if known | | |
| 11. | | ■ No. | Go to | ine 12. | | | | |
| | residence? | ☐ Yes. | Has yo | our landlord obtained an eviction | judgment aga | inst you and do you want to stay in your residence? | | |
| | | | | No. Go to line 12. | | | | |
| | | | | Yes. Fill out Initial Statement A | bout an Eviction | on Judgment Against You (Form 101A) and file it with this | | |

bankruptcy petition.

| | otor 1 Leonard J Bunais otor 2 Amy L Wright | ky | | Case number (if known) | | | |
|-----|---|------------------------|---|--|--|--|--|
| | | | | | | | |
| Par | Report About Any Bu | sinesses | You Own as a Sole Propri | etor | | | |
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to Part 4. | | | | |
| | | ☐ Yes. | ☐ Yes. Name and location of business | | | | |
| | A sole proprietorship is a | | Name of hydrogen if any | | | | |
| | business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name of business, if any | | | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Number, Street, City, St | ate & ZIP Code | | | |
| | it to this petition. | | Check the appropriate b | ox to describe your business: | | | |
| | | | ☐ Health Care Bus | iness (as defined in 11 U.S.C. § 101(27A)) | | | |
| | | | ☐ Single Asset Rea | al Estate (as defined in 11 U.S.C. § 101(51B)) | | | |
| | | | ☐ Stockbroker (as | defined in 11 U.S.C. § 101(53A)) | | | |
| | | | ☐ Commodity Brok | er (as defined in 11 U.S.C. § 101(6)) | | | |
| | | | ■ None of the above | ve | | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor? | deadlines operation | s. If you indicate that you are | e court must know whether you are a small business debtor so that it can set appropriate a small business debtor, you must attach your most recent balance sheet, statement of federal income tax return or if any of these documents do not exist, follow the procedure | | | |
| | For a definition of small | ■ No. | I am not filing under Cha | pter 11. | | | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapte Code. | r 11, but I am NOT a small business debtor according to the definition in the Bankruptcy | | | |
| | | ☐ Yes. | I am filing under Chapte | r 11 and I am a small business debtor according to the definition in the Bankruptcy Code. | | | |
| Par | t 4: Report if You Own or | Have Any | Hazardous Property or A | ny Property That Needs Immediate Attention | | | |
| 14. | Do you own or have any | ■ No. | | | | | |
| | property that poses or is alleged to pose a threat | ☐ Yes. | | | | | |
| | of imminent and identifiable hazard to public health or safety? | | What is the hazard? | | | | |
| | Or do you own any property that needs immediate attention? | | If immediate attention is needed, why is it needed? | | | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is the property? | Number, Street, City, State & Zip Code | | | |
| | | | | | | | |

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filled for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| | tor 1 Leonard J Bunais tor 2 Amy L Wright | ky | | | Case number | (if known) | | |
|-----|--|------------------------|--|-------------------------------|---|---|--|--|
| Par | | ions for R | enorting Purposes | | | | | |
| | What kind of debts do you have? | 16a. | | | | ed in 11 U.S.C. § 101(8) as "incurred by an | | |
| | • | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. | | | | | |
| | | | ☐ No. Go to line 16c. ☐ Yes. Go to line 17. | | | | | |
| | | | | | | | | |
| | | 16c. | State the type of debts you | ı owe that are not consui | mer debts or business | debts | | |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapt | er 7. Go to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | I am filing under Chapter 7 are paid that funds will be | | | rty is excluded and administrative expenses | | |
| | administrative expenses are paid that funds will | | □ No | | | | | |
| | be available for distribution to unsecured creditors? | | □ Yes | | | | | |
| | How many Creditors do | 1 -49 | | 1 ,000-5,000 | 1 | □ 25,001-50,000 | | |
| | you estimate that you owe? | ☐ 50-99 |) | 5001-10,000 | | ☐ 50,001-100,000 | | |
| | owe: | ☐ 100-199 | | 1 0,001-25,0 | ☐ 10,001-25,000 ☐ More than100,000 | | | |
| | | □ 200-9 | 99 | | | | | |
| 19. | How much do you | \$ 0 - \$ | 50.000 | □ \$1,000,001 | - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your assets to be worth? | □ \$50,001 - \$100,000 | | □ \$10,000,001 - \$50 million | | ☐ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 | □ \$50,000,001 | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| | | □ \$500, | 001 - \$1 million | 山 \$100,000,00 | 71 - \$500 million | ☐ More than \$50 billion | | |
| 20. | How much do you | □ \$0 - \$ | 550,000 | □ \$1,000,001 | - \$10 million | □ \$500,000,001 - \$1 billion | | |
| | estimate your liabilities to be? | \$50,0 | 001 - \$100,000 | □ \$10,000,001 | 1 - \$50 million | □ \$1,000,000,001 - \$10 billion | | |
| | | | 001 - \$500,000 | □ \$50,000,001 | 1 - \$100 million 01 - \$500 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| | | □ \$500, | 001 - \$1 million | — \$100,000,00 |) i - \$500 million | More than \$50 billion | | |
| Par | 7: Sign Below | | | | | | | |
| For | you | I have ex | camined this petition, and I d | eclare under penalty of p | perjury that the information | ation provided is true and correct. | | |
| | | | | | | under Chapter 7, 11,12, or 13 of title 11, cose to proceed under Chapter 7. | | |
| | | | rney represents me and I did nt, I have obtained and read | | | an attorney to help me fill out this | | |
| | | I request | relief in accordance with the | e chapter of title 11, Unite | ed States Code, speci | fied in this petition. | | |
| | | bankrupt and 357 | cy case can result in fines u | | onment for up to 20 ye | property by fraud in connection with a ears, or both. 18 U.S.C. §§ 152, 1341, 1519, | | |
| | | | nard J Bunaisky d J Bunaisky | | /s/ Amy L Wright Amy L Wright | | | |
| | | | e of Debtor 1 | | Signature of Debtor | 2 | | |
| | | Executed | d on April 11, 2017 MM / DD / YYYY | | Executed on Apri | I 11, 2017 TDD / YYYY | | |

Official Form 101

| Debtor 1 Debtor 2 | Leonard J Bunais Amy L Wright | ky | Case number (if known) | |
|----------------------|-----------------------------------|--|--|-----------------------------|
| | | | | |
| • | attorney, if you are ed by one | I, the attorney for the debtor(s) named in this petitio under Chapter 7, 11, 12, or 13 of title 11, United Sta | ites Code, and have explained the relief a | vailable under each chapter |
| f vou are | not represented by | for which the person is eligible. I also certify that I I and, in a case in which § 707(b)(4)(D) applies, certified and in a case in which § 707(b)(4)(D) applies. | ` / | . , , , , |

schedules filed with the petition is incorrect. an attorney, you do not need /s/ Tiaon M. Lynch Date April 11, 2017 Signature of Attorney for Debtor MM / DD / YYYY Tiaon M. Lynch Printed name Law Office of Tiaon Michele Lynch Firm name 13317 Madison Avenue Lakewood, OH 44107 Number, Street, City, State & ZIP Code tlynchlaw@gmail.com Contact phone 216-226-5090 Email address 0069707

to file this page.

Bar number & State

| Filli | in this inform | ation to identify your | case: | | | |
|---------|--------------------------|---|---|---|-------------|-----------------------------------|
| Deb | tor 1 | Leonard J Bunais | kv | | | |
| | | First Name | Middle Name | Last Name | | |
| 1 | tor 2 use if, filing) | Amy L Wright First Name | Middle Name | Last Name | | |
| ` ` | | | | | | |
| Unite | ed States Ban | kruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | | |
| | e number | | | | | |
| (if kno | own) | | | | _ | ck if this is an |
| | | | | | ame | ended filing |
| | | | | | | |
| Off Off | icial For | <u>m 106Sum</u> | | | | |
| Sur | mmary of | Your Assets a | and Liabilities an | d Certain Statistical Information | l | 12/15 |
| infor | mation. Fill o | ut all of your schedule | es first; then complete th | are filing together, both are equally responsible information on this form. If you are filing amer the box at the top of this page. | | |
| Part | 1: Summa | rize Your Assets | | | | |
| | | | | | Your | assets |
| | | | | | Value | e of what you own |
| 1. | Schedule A/ | B: Property (Official Fo | orm 106A/B) | | c | 0.00 |
| | 1a. Copy line | 55, Total real estate, fr | om Schedule A/B | | Ф | 0.00 |
| | 1b. Copy line | 62, Total personal prop | perty, from Schedule A/B | | \$_ | 16,859.67 |
| | 1c. Copy line | 63, Total of all property | on Schedule A/B | | \$ | 16,859.67 |
| Part | 2: Summa | rize Your Liabilities | | | | |
| | | | | | | liabilities unt you owe |
| 2. | | | aims Secured by Property nn A, Amount of claim, at t | (Official Form 106D) the bottom of the last page of Part 1 of Schedule D | . \$_ | 5,184.00 |
| 3. | | | Unsecured Claims (Official 1 (priority unsecured claim | Form 106E/F) s) from line 6e of <i>Schedule E/F</i> | \$ | 0.00 |
| | 3b. Copy the | total claims from Part : | 2 (nonpriority unsecured cl | laims) from line 6j of <i>Schedule E/F</i> | \$ | 74,661.00 |
| | | | | | _ | , |
| | | | | Your total liabilitie | s \$ | 79,845.00 |
| Part | 3: Summa | rize Your Income and | Expenses | | L | |
| _ | | | • | | | |
| 4. | | Your Income (Official Foundation of the Markett Monthly income of | | 1 | \$ | 6,102.01 |
| 5. | | Your Expenses (Official onthly expenses from line | , | | \$ | 4,689.00 |
| Part | 4: Answer | These Questions for | Administrative and Stati | stical Records | | |
| 6. | Are you filin | a for bankruptcy unde | er Chapters 7, 11, or 13? | | | |
| ٥. | - | - | - | heck this box and submit this form to the court with y | our other s | schedules. |
| | Yes | | | | | |
| 7. | What kind of | f debt do you have? | | | | |
| | | | | debts are those "incurred by an individual primarily for g for statistical purposes. 28 U.S.C. § 159. | or a person | al, family, or |

Official Form 106Sum Summary of Your Assets and Liabilities and Certain Statistical Information

page 1 of 2

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the court with your other schedules.

Best Case Bankruptcy

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to

8. **From the** *Statement of Your Current Monthly Income*: Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

8,427.71

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total claim | |
|--|--------------------|------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| Debtor 1 | 1 | Leonard J Bunaisky | | | | |
|---|--|---|---|--|--|---|
| Johtor C | n | First Name | Middle Name Last | Name | | |
| Debtor 2 Spouse, if | | Amy L Wright First Name | Middle Name Last | Name | | |
| Jnited S | States Ba | ankruptcy Court for the: No | ORTHERN DISTRICT OF OHIO | | | |
| | | | | | | _ |
| Case nu | ımber _ | | | | | ☐ Check if this is an amended filing |
| | | | | | | J. T. T. T. J. |
|)ffici | ial Fo | orm 106A/B | | | | |
| _ | | e A/B: Prope | rtv. | | | 40/45 |
| | | | ms. List an asset only once. If an ass | set fits in more than o | ne category list the asset in | 12/15 |
| ink it fit | ts best. B | Be as complete and accurate a | s possible. If two married people are | filing together, both a | re equally responsible for su | pplying correct |
| | on. If morevery ques | | eparate sheet to this form. On the top | of any additional pag | es, write your name and cas | e number (if known). |
| Part 1: | Describe | Each Residence, Building, La | nd, or Other Real Estate You Own or | Have an Interest In | | |
| | | | | | | |
| DO YOU | u own or i | nave any legal or equitable in | erest in any residence, building, land | , or similar property? | | |
| ■ No. | Go to Par | rt 2. | | | | |
| ☐ Yes | s. Where i | is the property? | | | | |
| | | | | | | |
| Part 2: | Describe | Your Vehicles | | | | |
| o you o | own, leas e else driv | se, or have legal or equita | ole interest in any vehicles, whet lso report it on Schedule G: Execut vehicles, motorcycles | | | ehicles you own that |
| o you o | own, leas e else driv , vans, tr | se, or have legal or equita ves. If you lease a vehicle, a | Iso report it on Schedule G: Execut | | | ehicles you own that |
| Cars, Boyou comeone Cars, Roy | own, lease e else driv , vans, tr s | se, or have legal or equita ves. If you lease a vehicle, a ucks, tractors, sport utility | Iso report it on Schedule G: Execut | tory Contracts and U | | aims or exemptions. Put |
| Oo you comeone Cars, No Yes 3.1 M | own, lease else driv , vans, tr s Make: | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser | Who has an interest in the pro | tory Contracts and U | Inexpired Leases. Do not deduct secured cl | aims or exemptions. Put |
| Oo you comeone Cars, No Yes 3.1 M | own, leade else drivers, vans, tressenses | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 | Who has an interest in the pro | tory Contracts and U | Do not deduct secured cl the amount of any secure Creditors Who Have Clair | aims or exemptions. Put ed claims on Schedule D: ms Secured by Property. Current value of the |
| Oo you comeone Cars, No Yes 3.1 M M Y A | own, leade else drivers, vans, tressenses | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 | who has an interest in the pro | tory Contracts and U | Do not deduct secured cl the amount of any secure Creditors Who Have Clai | aims or exemptions. Put ed claims on <i>Schedule D:</i> ms Secured by Property. |
| Oo you comeone Cars, No Yes 3.1 M M Y A | own, leade else drivers de la commentation de la co | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 | who has an interest in the pro Debtor 1 only Debtor 1 and Debtor 2 only | perty? Check one | Do not deduct secured cl the amount of any secure Creditors Who Have Clair | aims or exemptions. Put ed claims on Schedule D: ms Secured by Property. Current value of the |
| Oo you comeone Cars, No Yes 3.1 M M Y A | own, leader else drivers, vans, tresservations of the control of t | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 mation: | who has an interest in the pro Debtor 1 only Debtor 2 only At least one of the debtors ar | perty? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$2,000.00 |
| Oo you comeoned. Cars, No Yes 3.1 M M Y A O 3.2 M | own, leader else drivers and leader else drivers and leader else drivers and leader else else drivers and leader else else else else else else else el | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 mation: | Who has an interest in the pro Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) Who has an interest in the pro | perty? Check one Indianother property | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,000.00 Do not deduct secured of the amount of any secure | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$2,000.00 |
| Oo you comeone Cars, No Yes 3.1 M M Y A O 3.2 M | own, leader else drivers of the control of the cont | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 mation: Harley Davidson Sportster 1250 | Who has an interest in the pro Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) Who has an interest in the pro Debtor 1 only | perty? Check one Indianother property | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,000.00 | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$2,000.00 |
| Oo you comeone Cars, No Yes 3.1 M M Y A O 3.2 M M Y | own, leade else drivers de la leade drivers de la leade de la lead | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 mation: Harley Davidson Sportster 1250 2007 | Who has an interest in the pro Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) Who has an interest in the pro Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only | perty? Check one Indianother property | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,000.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$2,000.00 aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the |
| Oo you comeone Cars, No Yes 3.1 M M Y A O 3.2 M M Y A | own, leade else drivers de la leade drivers de la leade de la lead | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 mation: Harley Davidson Sportster 1250 2007 te mileage: | Who has an interest in the pro Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) Who has an interest in the pro Debtor 1 only | perty? Check one Indicate and the contracts and the contract and the contracts and the contract and the c | Do not deduct secured of the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,000.00 Do not deduct secured of the amount of any secure Creditors Who Have Clair | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$2,000.00 aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. |
| Oo you comeone Cars, No Yes 3.1 M M Y A O 3.2 M M Y A | own, leade else drivers de la leade else else else else de la leade else else else else else else els | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 mation: Harley Davidson Sportster 1250 2007 te mileage: | Who has an interest in the pro Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) Who has an interest in the pro Debtor 1 only Debtor 2 only Debtor 2 only on the debtors ar | perty? Check one Indianother property perty? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,000.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the | aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$2,000.00 aims or exemptions. Put ad claims on Schedule D: ms Secured by Property. Current value of the |
| Oo you comeone Cars, No Yes 3.1 M M Y A O 3.2 M M Y A | own, leade else drivers de la leade else else else else de la leade else else else else else else els | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 mation: Harley Davidson Sportster 1250 2007 te mileage: | Who has an interest in the pro Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) Who has an interest in the pro Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) | perty? Check one Indianother property perty? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,000.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? | aims or exemptions. Put ted claims on Schedule D: ms Secured by Property. Current value of the portion you own? \$2,000.00 aims or exemptions. Put ted claims on Schedule D: ms Secured by Property. Current value of the portion you own? |
| 3.2 MM Y A O | own, leader else drivers and leader else drivers and leader else drivers and leader else else drivers and leader else else else else else else else el | se, or have legal or equita ves. If you lease a vehicle, a rucks, tractors, sport utility Chrysler PT Cruiser 2008 te mileage: 9100 mation: Harley Davidson Sportster 1250 2007 te mileage: mation: | Who has an interest in the pro Debtor 1 only Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) Who has an interest in the pro Debtor 1 and Debtor 2 only At least one of the debtors ar Check if this is community (see instructions) | perty? Check one ad another property perty? Check one | Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,000.00 Do not deduct secured class the amount of any secure Creditors Who Have Clair Current value of the entire property? \$2,500.00 | aims or exemptions. Put the claims on Schedule D: the Secured by Property. Current value of the portion you own? \$2,000.0 aims or exemptions. Put the claims on Schedule D: the secured by Property. Current value of the portion you own? |

Official Form 106A/B Schedule A/B: Property page 1

| Debtor 1 Debtor 2 | Leonard J B Amy L Wrigh | | Case number (if known) | |
|----------------------|--|---|--------------------------------|---|
| | | the portion you own for all of your entries from Part 2, includined for Part 2. Write that number here | | \$4,500.00 |
| | | nal and Household Items egal or equitable interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| Exam □ No | ehold goods and f ples: Major applian s. Describe | urnishings ces, furniture, linens, china, kitchenware | | stame of oxemptione. |
| | | Miscellaneous household items, no one item worth mo | ore than | \$2,000.00 |
| ■ No | ples: Televisions a | nd radios; audio, video, stereo, and digital equipment; computers, p phones, cameras, media players, games | rinters, scanners; music coll | lections; electronic devices |
| Exam | | figurines; paintings, prints, or other artwork; books, pictures, or other ons, memorabilia, collectibles | er art objects; stamp, coin, o | r baseball card collections; |
| Exam | ment for sports ar ples: Sports, photo musical instru s. Describe | graphic, exercise, and other hobby equipment; bicycles, pool tables | s, golf clubs, skis; canoes an | d kayaks; carpentry tools; |
| ■ No | | s, shotguns, ammunition, and related equipment | | |
| □ No | | othes, furs, leather coats, designer wear, shoes, accessories | | |
| | | Miscellaneous wearing apparal | | \$800.00 |
| ☐ No | | welry, costume jewelry, engagement rings, wedding rings, heirloom | jewelry, watches, gems, gol | ld, silver |
| | | Diamond engagement/wedding ring, gold wedding bar | nd | \$1,500.00 |
| Exai | farm animals mples: Dogs, cats, l | pirds, horses | | |
| | | 3 cats | | \$0.00 |

Official Form 106A/B Schedule A/B: Property

page 2

Best Case Bankruptcy

| | btor 1 btor 2 | Amy L Wright | aisky | <i>'</i> | | Case number (if known) | |
|------|----------------------------|--|--------|-----------------------------|---|---|--|
| | Any oth ■ No | ner personal and h | ousel | hold items you di | id not already list, including a | ny health aids you did not list | |
| | ☐ Yes. | Give specific inform | ation. | | | | |
| 15 | | | | | Part 3, including any entries | | \$4,300.00 |
| Pai | rt 4: Des | scribe Your Financial | Asset | s | | | |
| Do | you ow | n or have any lega | l or e | quitable interest | in any of the following? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | □ No | | - | | home, in a safe deposit box, and | d on hand when you file your petition | า |
| | | | | | | Cash | \$85.00 |
| | □ No | institutions. If y | ou ha | | counts; certificates of deposit; so the with the same institution, list Institution name: Citizens | hares in credit unions, brokerage hoeach. | ouses, and other similar |
| | | | 17.2. | Checking | Third Federal | | \$1,085.00 |
| | | | 17.3. | Savings | Third Federal | | \$310.00 |
| | | | 17.4. | Savings | | book - this is a collateral ok is the collateral for the | \$5,304.00 |
| | | mutual funds, or ples: Bond funds, inv | | | prokerage firms, money market | accounts | |
| | _ | | | Institution or issue | er name: | | |
| | | | - | 5 shares of Thi | ird Federal & 16.42/share | | \$82.00 |
| | Non-pu joint ve ■ No | | and | interests in incor | porated and unincorporated b | ousinesses, including an interest | in an LLC, partnership, and |
| | ☐ Yes. | Give specific inform | | about them me of entity: | | % of ownership: | |
| | Negotia | able instruments inc | lude p | oersonal checks, c | gotiable and non-negotiable in ashiers' checks, promissory not transfer to someone by signing of | es, and money orders. | |
| | | Give specific inform | | about them uer name: | | | |
| Offi | cial Form | n 106A/B | .550 | | Schedule A/B: Property | | page 3 |

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Best Case Bankruptcy

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| | ebtor 1 ebtor 2 | Leonard J Bu Amy L Wright | | | | Case number (if known) | |
|-----|--------------------|--|------------------------------|--------------------|---|-------------------------------|---|
| 21. | | nent or pension a ples: Interests in IR | | gh, 401(k), 403(b) | thrift savings accounts, or other p | ension or profit-sharing plar | ns |
| | Yes. | List each account | separately. Type of accou | nt: | Institution name: | | |
| | | | 401(k) | | 401k | | Unknown |
| | | | 401(k) | | 401k | | Unknown |
| 22. | Your sl | | deposits you ha | | ou may continue service or use fructilities (electric, gas, water), telec | | or others |
| | | | | | Institution name or individual: | | |
| 23. | Annuiti | ies (A contract for | a periodic paym | ent of money to y | ou, either for life or for a number o | f years) | |
| | ■ No | leei | uer name and de | escription | | | |
| | ☐ Yes | ••••• | | • | | | |
| | 26 U.S.0 | ts in an education C. §§ 530(b)(1), 52 | | | ed ABLE program, or under a qu | alified state tuition progra | ım. |
| | ■ No □ Yes | Inst | itution name an | d description. Sep | arately file the records of any inter | ests.11 U.S.C. § 521(c): | |
| | | | ıre interests in | property (other t | han anything listed in line 1), an | d rights or powers exercis | sable for your benefit |
| 20. | ■ No | , oquitable of fata | | proporty (outor t | a a,ga 1,, a | a riginio or porrollo oxoron | audio for your portone |
| | ☐ Yes. | Give specific infor | mation about th | em | | | |
| | | | | | er intellectual property m royalties and licensing agreeme | nts | |
| | | Give specific infor | mation about th | em | | | |
| | Examp | es, franchises, ar oles: Building perm | | | e association holdings, liquor licen | ses, professional licenses | |
| | ■ No □ Yes. | Give specific infor | mation about th | em | | | |
| Mo | oney or p | property owed to | you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | Tax ref | unds owed to yo | u | | | | |
| | Yes. | Give specific infor | mation about the | em, including whe | ther you already filed the returns a | nd the tax years | |
| | | | | | | ╗ | _ |
| | | | | Estimated tax | refund (3914 x 101/365) | Federal | \$1,096.00 |
| | | support bles: Past due or lu | | y, spousal suppor | t, child support, maintenance, divo | rce settlement, property set | tlement |

☐ Yes. Give specific information.....

Official Form 106A/B Schedule A/B: Property page 4

| | ebtor 1 ebtor 2 | Leonard J Bun Amy L Wright | aisky | Case number (if known) | |
|-----|-----------------------------|---|--|--|----------------------------|
| 30. | Examp | | owes you disability insurance payments, disability benefits, s d loans you made to someone else | sick pay, vacation pay, workers' compe | nsation, Social Security |
| | ■ No □ Yes. | Give specific inform | nation | | |
| | | ts in insurance pol bles: Health, disabilit | licies ty, or life insurance; health savings account (HSA); | credit, homeowner's, or renter's insural | nce |
| | ■ Yes. | Name the insurance | e company of each policy and list its value. Company name: | Beneficiary: | Surrender or refund value: |
| | | | Group term life insurance, no cash surrender value | Spouse | \$0.00 |
| | | | Group term life insurance no cash surrender value | spouse | \$0.00 |
| | | | Term life insurance, no cash surrender value | spouse | \$0.00 |
| 33. | someo No Yes. Claims Examp | ne has died. Give specific inform against third parti | es, whether or not you have filed a lawsuit or noloyment disputes, insurance claims, or rights to su | nade a demand for payment | erve property because |
| 34. | Other o | | iquidated claims of every nature, including cou | nterclaims of the debtor and rights to | set off claims |
| 35. | Any fin ■ No | ancial assets you | did not already list | | |
| | . Add t | | nation all of your entries from Part 4, including any ent | | \$8,059.67 |
| Do. | | | Related Property You Own or Have an Interest In. List | | |
| | | | I or equitable interest in any business-related property | | |
| I | No. Go | to Part 6. | | | |
| ı | → Yes. G | So to line 38. | | | |
| Pa | | | Commercial Fishing-Related Property You Own or Harrest in farmland, list it in Part 1. | ave an Interest In. | |
| 46. | | • | legal or equitable interest in any farm- or comm | ercial fishing-related property? | |
| | | Go to Part 7. Go to line 47. | | | |
| | . 50 | | | | |

Official Form 106A/B Schedule A/B: Property page 5

| | otor 1 otor 2 | Leonard J Bunaisky Amy L Wright | | | Case number (if known) | |
|------|----------------------|---|----------|------------------|------------------------------|-------------|
| Part | 7: | Describe All Property You Own or Have an Interest in That | You Dic | d Not List Above | | |
| • | <i>Examp</i> ■ No | have other property of any kind you did not already les: Season tickets, country club membership Give specific information | list? | | | |
| 54. | Add th | ne dollar value of all of your entries from Part 7. Write | e that n | umber here | | \$0.00 |
| Part | 8: | List the Totals of Each Part of this Form | | | | |
| 55. | Part 1 | : Total real estate, line 2 | | | | \$0.00 |
| 56. | Part 2 | : Total vehicles, line 5 | | \$4,500.00 | | |
| 57. | Part 3 | : Total personal and household items, line 15 | | \$4,300.00 | | |
| 58. | Part 4 | : Total financial assets, line 36 | | \$8,059.67 | | |
| 59. | Part 5 | : Total business-related property, line 45 | | \$0.00 | | |
| 60. | Part 6 | : Total farm- and fishing-related property, line 52 | | \$0.00 | | |
| 61. | Part 7 | : Total other property not listed, line 54 | + | \$0.00 | | |
| 62. | Total | personal property. Add lines 56 through 61 | | \$16,859.67 | Copy personal property total | \$16,859.67 |

Official Form 106A/B Schedule A/B: Property page 6

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$16,859.67

| Fill in this inform | nation to identify your | case: | | |
|---------------------|-------------------------|-------------------|-----------|--------------------------------------|
| Debtor 1 | Leonard J Bunais | sky | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | Amy L Wright | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bar | nkruptcy Court for the: | NORTHERN DISTRICT | OF OHIO | |
| Case number | | | | ☐ Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| ١. | which set of exemptions are you claiming | Check one only, eve | II II yo | iui spouse is illing with you. | |
|----|--|--------------------------------------|----------|---|---|
| | ■ You are claiming state and federal nonbank | kruptcy exemptions. | 11 U.S | S.C. § 522(b)(3) | |
| | ☐ You are claiming federal exemptions. 11 L | J.S.C. § 522(b)(2) | | | |
| 2. | For any property you list on Schedule A/B | that you claim as exe | empt, | fill in the information below. | |
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | 2008 Chrysler PT Cruiser 91000 miles Line from Schedule A/B: 3.1 | \$2,000.00 | | \$2,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) |
| | Zine nem concease /v 2. cm | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(:5)(2) |
| | 2007 Harley Davidson Sportster 1250 Line from Schedule A/B: 3.2 | \$2,500.00 | | \$2,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(2) |
| | Zino nom od/nodulo / v B. Ci2 | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(:3)(2) |
| | Miscellaneous household items, no one item worth more than \$500 | \$2,000.00 | | \$2,000.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020:00(:3)(:7)(2) |
| | Miscellaneous wearing apparal | \$800.00 | | \$800.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(a) |
| | Ellie Holli Genedale A/B. TTT | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(4)(a) |
| | Diamond engagement/wedding ring, gold wedding band | \$1,500.00 | | \$1,500.00 | Ohio Rev. Code Ann. § 2329.66(A)(4)(b) |
| | Line from Schedule A/B: 12.1 | | | 100% of fair market value, up to any applicable statutory limit | 2020100(7.)(-7/0) |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 1 of 3

otor 2 Amy L Wright Case number (if known)

| or 2 Amy L Wright | | | Case number (if known) | |
|---|--------------------------------------|-----|---|---|
| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Amo | ount of the exemption you claim | Specific laws that allow exemption |
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| Cash | \$85.00 | | \$85.00 | Ohio Rev. Code Ann. § |
| ine from <i>Schedule A/B</i> : 16.1 | | | 100% of fair market value, up to any applicable statutory limit | 2329.66(A)(3) |
| Checking: Citizens ine from Schedule A/B: 17.1 | \$97.67 | | \$97.67 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| | | | 100% of fair market value, up to any applicable statutory limit | (, , , |
| Checking: Third Federal ine from Schedule A/B: 17.2 | \$1,085.00 | | \$767.33 | Ohio Rev. Code Ann. § 2329.66(A)(3) |
| | | | 100% of fair market value, up to any applicable statutory limit | (, , , |
| Checking: Third Federal Line from Schedule A/B: 17.2 | \$1,085.00 | | \$317.67 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | | | 100% of fair market value, up to any applicable statutory limit | , , , , , , , , , , , , , , , , , , , |
| Savings: Third Federal Line from Schedule A/B: 17.3 | \$310.00 | | \$310.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| | | | 100% of fair market value, up to any applicable statutory limit | (, , |
| Savings: Third Federal Passbook - his is a collateral loan. The | \$5,304.00 | | \$120.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| Passbook is the collateral for the loan. Line from Schedule A/B: 17.4 | | | 100% of fair market value, up to any applicable statutory limit | X V |
| 5 shares of Third Federal & 16.42/share | \$82.00 | | \$82.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| Line from Schedule A/B: 18.1 | | | 100% of fair market value, up to any applicable statutory limit | 2329.00(A)(10) |
| 401(k): 401k Line from Schedule A/B: 21.1 | Unknown | | | Ohio Rev. Code Ann. § 2329.66(A)(10)(b) |
| Line Holli Schedule A.B. 21.1 | | | 100% of fair market value, up to any applicable statutory limit | 2323.00(A)(10)(b) |
| 01(k): 401k ine from Schedule A/B: 21.2 | Unknown | | | Ohio Rev. Code Ann. § 2329.66(A)(10)(b) |
| and nom Schedule A/D. 21.2 | | | 100% of fair market value, up to any applicable statutory limit | 2020.00(A)(10)(b) |
| Federal: Estimated tax refund (3914) 01/365) | \$1,096.00 | | \$1,096.00 | Ohio Rev. Code Ann. § 2329.66(A)(18) |
| ine from Schedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | • |
| Group term life insurance, no cash surrender value | \$0.00 | | \$0.00 | Ohio Rev. Code Ann. §§ 2329.66(A)(6)(c), 3917.05 |
| Beneficiary: Spouse Line from Schedule A/B: 31.1 | | | 100% of fair market value, up to any applicable statutory limit | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

page 2 of 3

| Debtor 1 Debtor 2 | Leonard J Bunaisky Amy L Wright | | | Case number (if known) | |
|----------------------|--|--|--------|---|---|
| | description of the property and line on edule A/B that lists this property | Current value of the Amount of the exemption you claim portion you own | | Specific laws that allow exemption | |
| | | Copy the value from Schedule A/B | Che | ck only one box for each exemption. | |
| | up term life insurance no cash render value | \$0.00 | | \$0.00 | Ohio Rev. Code Ann. §§ 2329.66(A)(6)(c), 3917.05 |
| Ber | reficiary: spouse from Schedule A/B: 31.2 | | | 100% of fair market value, up to any applicable statutory limit | 2329.00(A)(0)(0), 3917.03 |
| | m life insurance, no cash | \$0.00 | | | Ohio Rev. Code Ann. § |
| Ber | render value neficiary: spouse from Schedule A/B: 31.3 | | | 100% of fair market value, up to any applicable statutory limit | 3923.19(A) |
| | you claiming a homestead exemption bject to adjustment on 4/01/19 and every No | | | led on or after the date of adjustmer | nt.) |
| | Yes. Did you acquire the property cove ☐ No | red by the exemption wi | thin 1 | .215 days before you filed this case | ? |

Official Form 106C

☐ Yes

Schedule C: The Property You Claim as Exempt

page 3 of 3

| Fill in this information to ide | ntify your ca | se: | | | | |
|--|------------------|---|-----------------|--|--|--------------------------|
| Debtor 1 Leonard | J Bunaisky | | | | | |
| | /rialet | Middle Name L | _ast Name | | | |
| Debtor 2 (Spouse if, filing) Amy L V First Name | vrignt | Middle Name L | _ast Name | | | |
| United States Bankruptcy Cou | rt for the: | NORTHERN DISTRICT OF OHIO |) | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | led filing |
| O(() : 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 | | | | | | |
| Official Form 106D | | | | | | |
| Schedule D: Cred | litors W | ho Have Claims Se | ecured | by Propert | У | 12/15 |
| | | married people are filing together, umber the entries, and attach it to t | | | | |
| 1. Do any creditors have claims s | ecured by you | r property? | | | | |
| ☐ No. Check this box and | submit this fo | rm to the court with your other so | hedules. You | have nothing else t | o report on this form. | |
| Yes. Fill in all of the info | ormation below | ٧. | | | | |
| Part 1: List All Secured Cl | laims | | | | | |
| 2. List all secured claims. If a cre | ditor has more | than one secured claim, list the credito | or separately | Column A | Column B | Column C |
| for each claim. If more than one cr | reditor has a pa | rticular claim, list the other creditors in der according to the creditor's name. | | Amount of claim Do not deduct the value of collateral. | Value of collateral that supports this claim | Unsecured portion If any |
| Third Federal Saving Loan | | scribe the property that secures the | claim: | \$5,184.00 | \$5,304.00 | \$0.00 |
| Creditor's Name | | vings: Third Federal Passbo | ook - | | | |
| | | s is a collateral loan. The | tho | | | |
| ATTN D. I | loa | ssbook is the collateral for t | tne | | | |
| ATTN: Bankruptcy 7007 Broadway Ave. | As | of the date you file, the claim is: Che | eck all that | | | |
| Cleveland, OH 44105 | app | y. Contingent | | | | |
| Number, Street, City, State & Zip | | Unliquidated | | | | |
| | _ | Disputed | | | | |
| Who owes the debt? Check one | e. Na t | ure of lien. Check all that apply. | | | | |
| ☐ Debtor 1 only | | An agreement you made (such as mor | rtgage or secur | ed | | |
| Debtor 2 only | | car loan) | | | | |
| ■ Debtor 1 and Debtor 2 only | | Statutory lien (such as tax lien, mecha | nic's lien) | | | |
| At least one of the debtors and | | Judgment lien from a lawsuit | | | | |
| Check if this claim relates to community debt | a ■ | Other (including a right to offset) Control | ollateral loa | an | | |
| Date debt was incurred | | Last 4 digits of account number | · | | | |
| Add the dollar value of your en | ntries in Colum | n A on this page. Write that number | r here: | \$5,18 | 34.00 | |
| If this is the last page of your f | | ollar value totals from all pages. | **** | \$5,18 | | |
| Write that number here: | | | | φυ, ι α | JT.UU | |

Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

page 1 of 1

| Fill in this infor | mation to identify your | case: | | | | |
|---|---|---|---|--|--|---|
| Debtor 1 | Leonard J Bunais | skv | | | | |
| 200101 | First Name | Middle Name | Last Name | | | |
| Debtor 2 | Amy L Wright | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | | |
| Case number (if known) | | | | | _ | Check if this is an |
| | E/F: Creditors W | | | | | 12/15 |
| any executory con Schedule G: Execu Schedule D: Credi | ntracts or unexpired leases utory Contracts and Unexp tors Who Have Claims Sec ntinuation Page to this pag | that could result in a claim ired Leases (Official Form ured by Property. If more s | PRIORITY claims and Part 2 f . Also list executory contract 106G). Do not include any cr pace is needed, copy the Par on to report in a Part, do not | cts on Schedule A/B: F reditors with partially s rt you need, fill it out, i | Property (Offic secured claims number the en | ial Form 106A/B) and on s that are listed in stries in the boxes on the |
| Part 1: List A | All of Your PRIORITY Un | secured Claims | | | | |
| 1. Do any credit | tors have priority unsecure | d claims against you? | | | | |
| ☐ No. Go to | Part 2. | | | | | |
| Yes. | | | | | | |
| identify what ty possible, list th | ype of claim it is. If a claim ha | as both priority and nonprioriter according to the creditor's | one priority unsecured claim, I sy amounts, list that claim here name. If you have more than to reditors in Part 3. | and show both priority a | and nonpriority | amounts. As much as |
| (For an explar | nation of each type of claim, s | see the instructions for this fo | orm in the instruction booklet.) | Total claim | Priority | Nonpriority |
| | | | | Total olalli | amount | amount |
| 2.1 CSEA | | Last 4 digits of | of account number | \$0.00 | | \$0.00 \$0.00 |
| 1640 S | reditor's Name uperior Ave. East x 93318 | When was the | e debt incurred? | | - | |
| | and, OH 44101 | | | | | |
| | Street City State Zlp Code | As of the date | you file, the claim is: Check | all that apply | | |
| Who incurre | ed the debt? Check one. | ☐ Contingent | | | | |
| Debtor 1 | only | ☐ Unliquidate | ed | | | |
| Debtor 2 | only | ☐ Disputed | | | | |
| Debtor 1 | and Debtor 2 only | | RITY unsecured claim: | | | |
| | one of the debtors and another | er Domestic s | support obligations | | | |
| | this claim is for a commun | | certain other debts you owe the | e aovernment | | |
| | subject to offset? | | death or personal injury while y | ū | | |
| ■ No | | ☐ Other. Spe | | | | |
| □Yes | | - Other Ope | Child Support | | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

30651

| otor 2 Amy L Wright | Case number (if know) | | |
|--|---|---|-------------------|
| Danyelle Kavouras | Last 4 digits of account number \$0.00 \$ | 0.00 | \$0.00 |
| Priority Creditor's Name 6375 State Road | When was the debt incurred? | | |
| Cleveland, OH 44134 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| Who incurred the debt? Check one. | □ Contingent | | |
| ■ Debtor 1 only | ☐ Unliquidated | | |
| Debtor 2 only | ☐ Disputed | | |
| ☐ Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | |
| ☐ At least one of the debtors and another | ■ Domestic support obligations | | |
| ☐ Check if this claim is for a community debt | ☐ Taxes and certain other debts you owe the government | | |
| Is the claim subject to offset? | ☐ Claims for death or personal injury while you were intoxicated | | |
| ■ No | ☐ Other. Specify | | |
| □Yes | Domestic support obligation | | |
| _ | this form to the court with your other schedules. | | |
| Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of | e alphabetical order of the creditor who holds each claim. If a creditor has more tha claim. For each claim listed, identify what type of claim it is. Do not list claims already incir creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. Continuation Part | If more |
| Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the other Part 2. | e alphabetical order of the creditor who holds each claim. If a creditor has more tha claim. For each claim listed, identify what type of claim it is. Do not list claims already incir creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the | cluded in Part 1. Continuation Part Total claim | If more age of |
| ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. AmeriFinancial Solutions. Llc Nonpriority Creditor's Name Po Box 65018 Baltimore, MD 21264 Number Street City State Zlp Code | e alphabetical order of the creditor who holds each claim. If a creditor has more tha claim. For each claim listed, identify what type of claim it is. Do not list claims already inc | cluded in Part 1. Continuation Part Total claim | If more age of |
| ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. AmeriFinancial Solutions. LIC Nonpriority Creditor's Name Po Box 65018 Baltimore, MD 21264 Number Street City State Zlp Code Who incurred the debt? Check one. | e alphabetical order of the creditor who holds each claim. If a creditor has more that claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number | cluded in Part 1. Continuation Part Total claim | If more age of |
| ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. AmeriFinancial Solutions. LIC Nonpriority Creditor's Name Po Box 65018 Baltimore, MD 21264 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only | e alphabetical order of the creditor who holds each claim. If a creditor has more that claim. For each claim listed, identify what type of claim it is. Do not list claims already incorrections in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 1736 When was the debt incurred? As of the date you file, the claim is: Check all that apply | cluded in Part 1. Continuation Part Total claim | If more age of |
| ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. AmeriFinancial Solutions. Llc Nonpriority Creditor's Name Po Box 65018 Baltimore, MD 21264 Number Street City State Zlp Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only | e alphabetical order of the creditor who holds each claim. If a creditor has more that claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 1736 When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Unliquidated | cluded in Part 1. Continuation Part Total claim | If more age of |
| ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. AmeriFinancial Solutions. LIc Nonpriority Creditor's Name Po Box 65018 Baltimore, MD 21264 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only | e alphabetical order of the creditor who holds each claim. If a creditor has more that claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number 1736 When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed | cluded in Part 1. Continuation Part Total claim | If more age of |
| List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. AmeriFinancial Solutions. Llc Nonpriority Creditor's Name Po Box 65018 Baltimore, MD 21264 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt | e alphabetical order of the creditor who holds each claim. If a creditor has more that claim. For each claim listed, identify what type of claim it is. Do not list claims already income creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number Last 4 digits of account number 1736 | cluded in Part 1. Continuation Part Total claim | If more |
| ■ Yes. List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. AmeriFinancial Solutions. Llc Nonpriority Creditor's Name Po Box 65018 Baltimore, MD 21264 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community | e alphabetical order of the creditor who holds each claim. If a creditor has more that claim. For each claim listed, identify what type of claim it is. Do not list claims already incorrections in Part 3.If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number | cluded in Part 1. Continuation Part Total claim | If more age of |
| List all of your nonpriority unsecured claims in the unsecured claim, list the creditor separately for each of than one creditor holds a particular claim, list the othe Part 2. AmeriFinancial Solutions. Llc Nonpriority Creditor's Name Po Box 65018 Baltimore, MD 21264 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? | e alphabetical order of the creditor who holds each claim. If a creditor has more that claim. For each claim listed, identify what type of claim it is. Do not list claims already incorrections in Part 3. If you have more than three nonpriority unsecured claims fill out the Last 4 digits of account number Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims | cluded in Part 1. Continuation Part Total claim | If more age of |

Schedule E/F: Creditors Who Have Unsecured Claims

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Best Case Bankruptcy

| ebtor 2 Amy L Wright | | Case number (if know) | | |
|--|--|---|------------|--|
| Bank Of America Nonpriority Creditor's Name | Last 4 digits of account number | 2817 | \$6,180.00 | |
| Nc4-105-03-14 Po Box 26012 | When was the debt incurred? | Opened 04/16 Last Active 10/01/16 | | |
| Greensboro, NC 27410 Number Street City State Zlp Code | As of the date you file, the claim | in Charle all that apply | | |
| Who incurred the debt? Check one. | As of the date you me, the claim | в. Спеск ан так арру | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| ☐ Yes | Other. Specify Credit Card | <u> </u> | | |
| Barclays Bank Delaware Nonpriority Creditor's Name | Last 4 digits of account number | 8466 | \$5,909.0 | |
| 100 S West St Wilmington, DE 19801 | When was the debt incurred? | Opened 08/07 Last Active 10/14/16 | | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| ■ Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| ☐ Check if this claim is for a community | ☐ Student loans | | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | |
| Yes | Other. Specify Credit Card | <u> </u> | | |
| Capital One | Last 4 digits of account number | 1011 | \$2,318.0 | |
| Nonpriority Creditor's Name Attn: General Correspondence/Bankruptcy Po Box 30285 | When was the debt incurred? | Opened 04/07 Last Active 11/21/16 | | |
| Salt Lake City, UT 84130 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| Debtor 1 only | ☐ Contingent | | | |
| Debtor 2 only | ☐ Unliquidated | | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| \square Check if this claim is for a community debt | | aration agreement or divorce that you did not | | |
| Is the claim subject to offset? | report as priority claims | | | |
| | ■ No □ Debts to pension or profit-sharing p | | | |
| Yes | Other. Specify Credit Card | i | | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | r 2 Amy L Wright | | Case number (if know) | | | | | |
|-----|--|---|--|------------|--|--|--|--|
| 4.5 | Capital One | Last 4 digits of account number | 2123 | \$1,897.00 | | | | |
| | Nonpriority Creditor's Name Attn: General | | Opened 03/15 Last Active | | | | | |
| | Correspondence/Bankruptcy | When was the debt incurred? | 11/21/16 | | | | | |
| | Po Box 30285 | | | | | | | |
| | Salt Lake City, UT 84130 | = | | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | | ☐ Student loans | a Gain. | | | | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | trailorr agreement or divorce that you did not | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | | |
| 4.6 | Chase Card | Last 4 digits of account number | 5572 | \$1,603.00 | | | | |
| | Nonpriority Creditor's Name | | | . , | | | | |
| | Attn: Correspondence | When we the debt incomed? | Opened 01/16 Last Active | | | | | |
| | Po Box 15298 Wilmington, DE 19850 | When was the debt incurred? | 10/02/16 | | | | | |
| | Number Street City State Zlp Code | | | | | | | |
| | Who incurred the debt? Check one. | | | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt | | aration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharin | | | | | | |
| | ☐ Yes | Other. Specify Credit Card | <u> </u> | | | | | |
| 4.7 | Citibank North America | Last 4 digits of account number | 6941 | \$5,040.00 | | | | |
| | Nonpriority Creditor's Name Citicorp Credit Srvs/Centralized | | Opened 01/13 Last Active | | | | | |
| | Bankrup | When was the debt incurred? | 10/01/16 | | | | | |
| | Po Box 790040 | | | | | | | |
| | Saint Louis, MO 63179 Number Street City State Zlp Code | is: Check all that apply | | | | | | |
| | Who incurred the debt? Check one. | As of the date you file, the claim | is. Check all that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | ■ Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | | | | | | | |
| | ☐ At least one of the debtors and another | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | | | | | |
| | ☐ Check if this claim is for a community | | | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | | | |
| | — INO | to position or profit offallin | U1, O 00010 | | | | | |

☐ Yes

Schedule E/F: Creditors Who Have Unsecured Claims

■ Other. Specify Credit Card

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Best Case Bankruptcy

| Leonard J Bunaisky Amy L Wright | | Case number (if know) | |
|--|--|--|------------|
| Citicards Cbna | Last 4 digits of account number | 6784 | \$4,657.0 |
| Nonpriority Creditor's Name Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179 | When was the debt incurred? | Opened 06/16 Last Active 11/15/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | l claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | <u> </u> | |
| Comenity Bank/gndrmtmc | Last 4 digits of account number | 7993 | \$2,303.0 |
| Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 01/15 Last Active 10/01/16 | |
| Jumber Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | Other. Specify Credit Card | | |
| Prosper Marketplace Inc | Last 4 digits of account number | 4542 | \$21,273.0 |
| Nonpriority Creditor's Name Po Box 396081 | When was the debt incurred? | Opened 08/15 Last Active 10/28/16 | |
| San Francisco, CA 94139 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | s: Check all that apply | |
| Debtor 1 only | | | |
| Debtor 2 only | ☐ Contingent | | |
| _ | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecure | d claim: | |
| At least one of the debtors and another | Student loans | ···· | |
| ☐ Check if this claim is for a community debt Is the claim subject to offset? | <u></u> | ration agreement or divorce that you did not | |
| | <u></u> | g plans, and other similar debts | |
| ■ No | Debts to perision of profit-sharif | g plans, and other similar debts | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| or 1 Leonard J Bunaisky or 2 Amy L Wright | | Case number (if know) | |
|---|--|---|------------|
| Synchrony Bank/ JC Penneys | Last 4 digits of account number | 0704 | \$205.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 10/13 Last Active 1/23/17 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ☐ Debtor 1 only | ☐ Contingent | | |
| ■ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | , | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Charge Acc | count | |
| Synchrony Bank/Lowes | Last 4 digits of account number | 1139 | \$7,823.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, El. 32896 | When was the debt incurred? | Opened 10/15 Last Active 10/17/16 | |
| Orlando, FL 32896 Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | □ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Charge Acc | count | |
| Synchrony Bank/Lowes | Last 4 digits of account number | 1889 | \$5,616.00 |
| Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 05/16 Last Active 10/02/16 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | | |
| ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | ■ Other. Specify Charge Acc | count | |

Schedule E/F: Creditors Who Have Unsecured Claims

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| | 1 Leonard J Bunaisky 2 Amy L Wright | | Case number (if know) | | | | | |
|----------|--|---|---|------------|--|--|--|--|
| 4.1 4 | Synchrony Bank/Walmart | Last 4 digits of account number | 1900 | \$5,332.00 | | | | |
| | Nonpriority Creditor's Name Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 08/08 Last Active 11/02/16 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ☐ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | | | | |
| | Is the claim subject to offset? | report as priority claims | | | | | | |
| | No | Debts to pension or profit-sharing | | | | | | |
| | Yes | Other. Specify Charge Acc | count | | | | | |
| 4.1 5 | Synchrony Bank/Walmart Nonpriority Creditor's Name | Last 4 digits of account number | 3799 | \$1,685.00 | | | | |
| | Attn: Bankruptcy Po Box 956060 Orlando, FL 32896 | When was the debt incurred? | Opened 06/14 Last Active 11/02/16 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | Type of NONPRIORITY unsecured claim: ☐ Student loans | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | | | | | | |
| | No | · · · | Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | ☐ Yes | Other. Specify Charge Acc | count | | | | | |
| 4.1 | US Bank/Rms CC Nonpriority Creditor's Name | Last 4 digits of account number | 3624 | \$2,699.00 | | | | |
| | Card Member Services Po Box 108 St Louis, MO 63166 | When was the debt incurred? | Opened 03/15 Last Active 10/17/16 | | | | | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | | |
| | debt Is the claim subject to offset? | | | | | | | |
| | No | | | | | | | |
| | Yes | Other. Specify Credit Card | <u> </u> | | | | | |
| | | | | | | | | |

Part 3: List Others to Be Notified About a Debt That You Already Listed

Page 7 of 8

Official Form 106 E/F

Schedule E/F: Creditors Who Have Unsecured Claims

| Debtor 1 | Leonard J Bunaisky |
|----------|--------------------|
| Debtor 2 | Amy I Wright |

Case number (if know)

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | | Total Claim |
|-----------------------|-----|--|------------|-------|-------------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total Priority. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | | Total Claim |
| Total | 6f. | Student loans | 6f. | \$ | 0.00 |
| claims from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that | 60 | \$ | 0.00 |
| | 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6g. 6h. | \$ —— | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount | 6i. | Ψ | |
| | Oi. | here. | Oi. | \$ | 74,661.00 |
| | 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ | 74,661.00 |

| Fill in this information to identify your case: | | | | | | | | | |
|---|------------------|-------------------|-----------|--------------------------------------|--|--|--|--|--|
| Debtor 1 | Leonard J Bunais | sky | | | | | | | |
| | First Name | Middle Name | Last Name | | | | | | |
| Debtor 2 | Amy L Wright | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF OHIO | | | | | | |
| Case number _ | | | | ☐ Check if this is an amended filing | | | | | |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease
Name, Number, Street, City, State and ZIP Code

2.1 AmeriCredit/GM Financial
Po Box 183853
Arlington, TX 76096

2016 Chevrolet Malibu
Acct# 0171440805
Opened 02/16
39 month Lease payment of \$517/mo

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

Page 1 of 1

| Fill in this | s information to identify you | ır case: | | | |
|------------------------------|--|---|----------------------------------|---|---|
| Debtor 1 | Leonard J Buna | aisky | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fili | Amy L Wright | Middle Name | Last Name | | |
| | 3, | | | | |
| United Sta | ates Bankruptcy Court for the | NORTHERN DISTRIC | ST OF OHIO | | |
| Case num | ber | | | | |
| (if known) | | | | | Check if this is an amended filing |
| | | | | | amended ming |
| Officia | l Form 106H | | | | |
| Sched | dule H: Your Co | debtors | | | 12/15 |
| fill it out, a your name | | ne boxes on the left. Atta n). Answer every questi | ch the Additional Page to on. | this page. On the top | eeded, copy the Additional Page, o of any Additional Pages, write |
| | | | | | |
| ■ No □ Yes | | | | | |
| | | | | | |
| | t hin the last 8 years, have y na, California, Idaho, Louisian | | | | states and territories include |
| ■ No. | . Go to line 3. | | | | |
| ☐ Yes | s. Did your spouse, former sp | ouse, or legal equivalent | ive with you at the time? | | |
| in line Form | e 2 again as a codebtor only | y if that person is a guar | antor or cosigner. Make s | ure you have listed th | g with you. List the person shown ne creditor on Schedule D (Official Schedule E/F, or Schedule G to fill |
| | Column 1: Your codebtor Name, Number, Street, City, State and | I ZIP Code | | Column 2: The cre Check all schedule | ditor to whom you owe the debt sthat apply: |
| 3.1 | | | | ☐ Schedule D, line | e |
| <u> </u> | Name | | | ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | e |
| - | Number Street | | | _ | |
| | City | State | ZIP Code | | |
| 3.2 | | | | ☐ Schedule D, line | ۵ |
| 0.2 | Name | | | _ ☐ Schedule E/F, li | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | - | |
| | City | State | ZIP Code | | |

Schedule H: Your Codebtors

| Fill in this information | to identify your case: | |
|---------------------------------|---|---|
| Debtor 1 | Leonard J Bunaisky | |
| Debtor 2 (Spouse, if filing) | Amy L Wright | |
| United States Bankrup | otcy Court for the: NORTHERN DISTRICT OF OHIO | |
| Case number (If known) | | Check if this is: ☐ An amended filing ☐ A supplement showing postpetition chapter |
| | | 13 income as of the following date: |
| Official Form | <u> 1061</u> | MM / DD/ YYYY |
| Schedule I: | Your Income | 12/1 |

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Part 1: **Describe Employment** Fill in your employment **Debtor 1** Debtor 2 or non-filing spouse information. ■ Employed Employed If you have more than one job, **Employment status** attach a separate page with ■ Not employed ■ Not employed information about additional employers. **Underground utility locator** Occupation Title assistant tech Include part-time, seasonal, or self-employed work. **Employer's name** USIC **Ohio Real Title** Occupation may include student or homemaker, if it applies. **Employer's address** 9045 N. River Rd. #300 1213 Prospect Ave. E. #200 Indianapolis, IN 46420 Cleveland, OH 44115 How long employed there? 3 years 3 1/2 years

Part 2: Give Details About Monthly Income

Estimate monthly income as of the date you file this form. If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

For Debtor 2 or For Debtor 1 non-filing spouse List monthly gross wages, salary, and commissions (before all payroll 4,333.33 5,112.60 deductions). If not paid monthly, calculate what the monthly wage would be. Estimate and list monthly overtime pay. 3. 3. 0.00 +\$ 0.00 Calculate gross Income. Add line 2 + line 3. 4,333.33 5,112.60

Official Form 106I Schedule I: Your Income page 1

Case number (if known)

| | | | | | | | For | Debtor 1 | | | r Debtor | | | |
|-----|---|--|---|--|------------------|------------|-----|------------|----|--------|------------|--------|-----------------|------------|
| | | | | | | | | | | | n-filing s | • | | |
| | Copy | y line 4 here | | | 4. | | \$ | 4,333.3 | 3 | \$_ | 5, | ,112.6 | <u> </u> | |
| 5. | List | all payroll deduct | ions: | | | | | | | | | | | |
| | 5a. | Tax. Medicare. a | and Social Securit | / deductions | 5a | ١. | \$ | 1,186.0 | 8 | \$ | 1. | 368.3 | 32 | |
| | 5b. | | ributions for retire | | 5b | | \$ | 0.0 | | \$ | -: | 0.0 | | |
| | 5c. | • | ibutions for retirer | • | 5c | :. | \$ | 0.0 | | \$ | | 51.0 | | |
| | 5d. | • | ments of retiremer | • | 5d | ١. | \$ | 0.0 | | \$ | | 0.0 | | |
| | 5e. | Insurance | | | 5e | . | \$ | 33.1 | | \$ | | 434.9 | | |
| | 5f. | Domestic suppo | ort obligations | | 5f. | | \$ | 496.5 | | \$ | | 0.0 | | |
| | 5g. | Union dues | · · | | 5 g | ١. | \$ | 0.0 | 0 | \$ | | 0.0 | | |
| | 5h. | Other deduction | ns. Specify: HSA | | | 1.+ | \$ | 0.0 | | + \$ | | 100.0 | | |
| 6. | Add | the payroll deduc | ctions. Add lines 5 | a+5b+5c+5d+5e+5f+5g+5h. | 6. | | \$ | 1,715.8 | 5 | \$ | 1, | ,954.2 | 24 | |
| 7. | Calc | ulate total month | ly take-home pay. | Subtract line 6 from line 4. | 7. | | \$ | 2,617.4 | 8 | \$ | 3, | 158.3 | 36 | |
| 8. | List a 8a. | Net income from profession, or fa Attach a stateme | arm Int for each property I and necessary but | nd from operating a business and business showing gross siness expenses, and the total | s , 8a | ١. | \$ | 0.0 | 0 | \$ | | 0.0 | 00 | |
| | 8b. | Interest and div | idends | | 8b |). | \$ | 0.0 | 0 | \$ | | 0.0 | 00 | |
| | 8c. | regularly received Include alimony, | e | i, a non-filing spouse, or a de | • | ; <u>.</u> | \$ | 0.0 | 0 | \$ | | 0.0 | 00 | |
| | 8d. | Unemployment | | | 8d | ١. | \$ | 0.0 | _ | \$ | | 0.0 | 00 | |
| | 8e. | Social Security | | | 8e | . | \$ | 0.0 | | \$ | | 0.0 | | |
| | 8f. | Include cash ass that you receive, | istance and the valu | you regularly receive ue (if known) of any non-cash a os (benefits under the Supplem using subsidies. | | | \$ | 0.0 | 0 | \$ | | 0.0 | 00 | |
| | 8g. | Pension or retir | ement income | | 89 | J. | \$ | 0.0 | 0 | \$ | | 0.0 | 00 | |
| | 8h. | Other monthly i | ncome. Specify: _ | Overwithholding | 8h | 1.+ | \$ | 137.7 | 5 | + \$ _ | | 188.4 | 12 | |
| 9. | Add | all other income. | Add lines 8a+8b+8 | 8c+8d+8e+8f+8g+8h. | 9. | 9 | \$ | 137.7 | 5 | \$_ | | 188 | .42 | |
| 10 | Calc | ulate monthly inc | ome. Add line 7 + | ling Q | 10. | \$ | • | 2,755.23 + | \$ | 2 | ,346.78 | = \$ | 6 | 102.01 |
| 10. | | • | | | 10. | Ψ_ | | 2,733.23 | Ψ_ | | ,340.70 | - Ψ | - 0, | 102.01 |
| 11. | Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. 1. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | | | | | | |
| 12. | | that amount on th | | te 10 to the amount in line 11 edules and Statistical Summary | | | | | | | | \$_ | | 102.01 |
| | | | | | | | | | | | | | bined hlv ir | l ncome |
| 13. | Do y ■ | ou expect an incr | ease or decrease | within the year after you file t | this form? | | | | | | | | y 11 | .501116 |
| | | Yes. Explain: | | | | | | | | | | | | |

| Fill | in this informa | ation to identify yo | our case: | | | | | | | |
|------|---|---|-----------------------------|--|--|--|---|---|--|--|
| Deb | tor 1 | Leonard J B | unaisky | | | Che | ck if this is: | | | |
| | Debtor 2 Spouse, if filing) Amy L Wright | | | | | ☐ An amended filing ☐ A supplement showing postpetition chap 13 expenses as of the following date: | | | | |
| Unit | ed States Bankı | ruptcy Court for the | · NORTH | HERN DISTRICT OF OHIC |) | | MM / DD / YYYY | | | |
| | | ruptoy Court for the | . Itoltii | ILINY DIGITAL OF OTHE | | | WWW.7 BB 7 TTTT | | | |
| 1 | e number nown) | | | | | | | | | |
| | | orm 106J | _ | | | | | | | |
| | | J: Your | | | filim n to moth on h | -41 | | 12/15 | | |
| info | rmation. If m | | eded, atta | . If two married people a ich another sheet to this n. | | | | | | |
| Par | | ribe Your House | hold | | | | | | | |
| 1. | Is this a joir ☐ No. Go to ☐ Yes. Doe | | in a separ | ate household? | | | | | | |
| | . 00. 3 0 | | | | | | | | | |
| | | | st file Offici | al Form 106J-2, Expense | s for Separate House | ehold of Deb | otor 2. | | | |
| 2. | Do you hav | e dependents? | □ No | | | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ■ Yes. | Fill out this information for each dependent | Dependent's relat Debtor 1 or Debto | | Dependent's age | Does dependent live with you? | | |
| | Do not state | | | | D | | | ■ No | | |
| | dependents | names. | | | Daughter | | 14 | ☐ Yes ☐ No | | |
| | | | | | | | | ☐ Yes | | |
| | | | | | | | _ | □ No | | |
| | | | | | | | | ☐ Yes | | |
| | | | | | | | | □ No | | |
| _ | Da | | | | - | | | ☐ Yes | | |
| 3. | expenses o | penses include of people other t d your depende | han $_{oldsymbol{\square}}$ | No Yes | | | | | | |
| exp | imate your ex | a date after the | our bankr | y Expenses uptcy filing date unless y is filed. If this is a sup | you are using this f plemental <i>Schedul</i> e | form as a su e <i>J</i> , check th | upplement in a Cha he box at the top o | apter 13 case to report f the form and fill in the | | |
| the | | h assistance an | | government assistance cluded it on <i>Schedule I:</i> | | | Your exp | enses | | |
| 4. | | or home owners | | ses for your residence. | Include first mortgag | e 4. S | \$ | 1,000.00 | | |
| | If not include | ded in line 4: | | | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. S | \$ | 0.00 | | |
| | | erty, homeowner's | s, or renter | 's insurance | | 4a. 3 | · | 0.00 | | |
| | | • | | ıpkeep expenses | | 4c. S | | 100.00 | | |
| | 4d. Home | eowner's associat | tion or con | dominium dues | | 4d. S | · | 0.00 | | |
| 5. | Additional ı | mortgage paym | ents for yo | our residence , such as ho | ome equity loans | 5. \$ | \$ | 0.00 | | |

Official Form 106J Schedule J: Your Expenses page 1

| | otor 1 Leonard J Bunaisky Amy L Wright | Case | num | nber (if known) | |
|-----|---|--------------------------------|--------------|---------------------------------------|--------------------------|
| 6. | Utilities: | | | | |
| | 6a. Electricity, heat, natural gas | | 6a. | \$ | 300.00 |
| | 6b. Water, sewer, garbage collection | | 6b. | \$ | 0.00 |
| | 6c. Telephone, cell phone, Internet, satellite, and ca | ble services | 6c. | \$ | 463.00 |
| | 6d. Other. Specify: Sirius & onstar | | 6d. | \$ | 96.00 |
| 7. | Food and housekeeping supplies | | 7. | \$ | 800.00 |
| 8. | Childcare and children's education costs | | 8. | \$ | 0.00 |
| 9. | Clothing, laundry, and dry cleaning | | 9. | \$ | 150.00 |
| 10. | Personal care products and services | | 10. | \$ | 100.00 |
| 11. | Medical and dental expenses | | 11. | \$ | 250.00 |
| 12. | Transportation. Include gas, maintenance, bus or train Do not include car payments. | | 12. | \$ | 350.00 |
| | Entertainment, clubs, recreation, newspapers, mag | gazines, and books | 13. | \$ | 150.00 |
| 14. | Charitable contributions and religious donations | | 14. | \$ | 0.00 |
| 15. | Insurance. | | | | |
| | Do not include insurance deducted from your pay or in | | - | • | |
| | 15a. Life insurance | | 15a. | · | 56.00 |
| | 15b. Health insurance | | 15b. | · - | 0.00 |
| | 15c. Vehicle insurance | | 15c. | · | 157.00 |
| | 15d. Other insurance. Specify: | | 15d. | \$ | 0.00 |
| | Taxes. Do not include taxes deducted from your pay of Specify: Estimated RITA | | 16. | \$ | 50.00 |
| 17. | Installment or lease payments: 17a. Car payments for Vehicle 1 | 4 | 17a. | ¢ | E47.00 |
| | . , | | 17a. 17b. | * | 517.00 |
| | 17b. Car payments for Vehicle 2 | | | · | 0.00 |
| | 17c. Other. Specify: 17d. Other. Specify: | | 17c. 17d. | * | 0.00 |
| 18. | Your payments of alimony, maintenance, and supp | ort that you did not report as | 18. | | 0.00 |
| 10 | deducted from your pay on line 5, Schedule I, Your Other payments you make to support others who c | r Income (Official Form 1061). | 10. | \$ | |
| 19. | | _ | 40 | Ф | 0.00 |
| 20 | Specify: Other real property expenses not included in lines | | 19. | our Incomo | |
| 20. | 20a. Mortgages on other property | | 20a. | | 0.00 |
| | 20b. Real estate taxes | | 20b. | · | 0.00 |
| | 20c. Property, homeowner's, or renter's insurance | | 20c. | · : ——— | 0.00 |
| | 20d. Maintenance, repair, and upkeep expenses | | 20d. | · | 0.00 |
| | 20e. Homeowner's association or condominium dues | | 20e. | · · · · · · · · · · · · · · · · · · · | 0.00 |
| 21 | Other: Specify: Travel expenses for children | | | +\$ | 100.00 |
| | Pet expenses | visits (kius out of state) | | +\$ | 50.00 |
| | ret expenses | | | Γ | 30.00 |
| 22. | Calculate your monthly expenses | | | | |
| | 22a. Add lines 4 through 21. | | | \$ | 4,689.00 |
| | 22b. Copy line 22 (monthly expenses for Debtor 2), if a | any, from Official Form 106J-2 | | \$ | |
| | 22c. Add line 22a and 22b. The result is your monthly | expenses. | | \$ | 4,689.00 |
| 23 | Calculate your monthly net income. | | | | |
| 23. | 23a. Copy line 12 (your combined monthly income) fr | om Schedule I | 23a. | \$ | 6,102.01 |
| | 23b. Copy your monthly expenses from line 22c above | | 23b. | · · | 4,689.00 |
| | 23b. Copy your monthly expenses from the 22c above | 2 | -00. | Ψ | 4,009.00 |
| | 23c. Subtract your monthly expenses from your month. The result is your <i>monthly net income</i> . | thly income. | 23c. | \$ | 1,413.01 |
| 24. | Do you expect an increase or decrease in your exp For example, do you expect to finish paying for your car loan wondification to the terms of your mortgage? No. | | | | or decrease because of a |
| | | | | | |
| | Yes. Explain here: | | | | |

| Fill in this info | ormation to identify your | case: | | | | |
|-------------------------------------|--|--|---------------|---------------------|---------------------------------|---|
| Debtor 1 | | | | | | |
| Deptor 1 | Leonard J Bunais | Middle Name | Las | t Name | | |
| Debtor 2 | Amy L Wright | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Las | t Name | | |
| United States E | Bankruptcy Court for the: | NORTHERN DISTRIC | T OF OHIO | | | |
| Case number | | | | | | |
| (if known) | | | | | | ☐ Check if this is an amended filing |
| f two married p You must file th | | r, both are equally responder, both are equally respondering to both and the connection with a ban | onsible for s | upplying correct in | iformation. ng a false state | ment, concealing property, or 0, or imprisonment for up to 20 |
| Si | gn Below | | | | | |
| Did you p | pay or agree to pay some | one who is NOT an atto | rney to help | you fill out bankru | ptcy forms? | |
| ■ No | | | | | | |
| ☐ Yes. | Name of person | | | | | ruptcy Petition Preparer's Notice, and Signature (Official Form 119) |
| | nalty of perjury, I declare are true and correct. | that I have read the sun | nmary and s | chedules filed with | this declaratio | n and |
| X /s/ Le | onard J Bunaisky | | Х | /s/ Amy L Wrigh | nt | |
| | ard J Bunaisky | | | Amy L Wright | | |
| Signat | ture of Debtor 1 | | | Signature of Debto | r 2 | |
| Date | April 11, 2017 | | | Date April 11, 2 | 2017 | |

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

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Best Case Bankruptcy

| Fill in this infor | | | | | | | | |
|------------------------|--|--|---|--|---|--|--|--|
| Debtor 1 | mation to identify you | | | | | | | |
| Debior | Leonard J Buna First Name | Middle Name | Last Name | | | | | |
| Debtor 2 | Amy L Wright | M: 18 A | | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | | | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT C | OF OHIO | | | | | |
| Case number (if known) | | | | | Check if this is an amended filing | | | |
| Be as complete | t of Financial | | re filing together, both are | ankruptcy equally responsible for sup | | | | |
| number (if know | n). Answer every que | | | , , , , | | | | |
| 1. What is you | ır current marital statı | ıs? | | | | | | |
| ■ Married □ Not ma | | | | | | | | |
| 2. During the | last 3 years, have you lived anywhere other than where you live now? | | | | | | | |
| ■ No □ Yes. Li | _ ` | | | | | | | |
| Debtor 1 P | rior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there | | | |
| | | | | ity property state or territor ico, Texas, Washington and V | | | | |
| | ake sure you fill out <i>Scl</i> | nedule H: Your Codebtors (Of | ificial Form 106H). | | | | | |
| Fill in the tot | al amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part | | ndar years? | | | |
| □ No | | | | | | | | |
| Yes. Fi | Il in the details. | | | | | | | |
| | | Debtor 1 | | Debtor 2 | | | | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | | | |
| | of current year untiled for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$11,316.00 | ■ Wages, commissions, bonuses, tips | \$9,461.00 | | | |
| | | ☐ Operating a business | | ☐ Operating a business | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 1

Best Case Bankruptcy

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| | | | Dahtan 4 | | Dahta: 0 | | |
|--|--------------------------------------|-------------------------------------|--|--|--|--|--|
| | | Debtor 1 | Grand income | Debtor 2 Sources of income Gross income | | | |
| | | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Check all that ap | | |
| For last calendar year: (January 1 to December 31, 2016) | | ■ Wages, commissions, bonuses, tips | \$40,700.00 | ■ Wages, commonutes, tips | missions, \$61,810.0 | | |
| | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| | lendar year b to Decembe | | ■ Wages, commissions, bonuses, tips | \$34,397.00 | ■ Wages, comr | missions, \$61,137.0 | |
| | | | ☐ Operating a business | | ☐ Operating a b | ousiness | |
| winning List ea | gs. If you are | filing a joint ca | pensions; rental income; interse and you have income that youne from each source separa | ou received together, list it | only once under De | | |
| | | | | | | | |
| | | | Debtor 1 Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Debtor 2 Sources of inco Describe below. | | |
| art 3: | l ist Cartain F | Paymente Voi | u Made Before You Filed for | Rankruntev | | | |
| art J. | LIST CEITAIII I | ayinenis rot | i Made Belore Tou Flied for | Банкгирісу | | | |
| _ | o. Neither | Debtor 1 nor | 2's debts primarily consume Debtor 2 has primarily consu a personal, family, or househo | ımer debts. Consumer deb | ts are defined in 11 | U.S.C. § 101(8) as "incurred by a | |
| | During th | • | ore you filed for bankruptcy, di | d you pay any creditor a tota | al of \$6,425* or more | e? | |
| | ☐ Yes | List below paid that c not include | each creditor to whom you pai reditor. Do not include paymer payments to an attorney for the | nts for domestic support oblinis bankruptcy case. | gations, such as chi | ments and the total amount you ild support and alimony. Also, do | |
| | * Subjec | t to adjustmer | nt on 4/01/19 and every 3 year | s after that for cases filed or | n or after the date of | adjustment. | |
| Y | | | or both have primarily consu ore you filed for bankruptcy, di | | al of \$600 or more? | | |
| | □ No. | Go to line | 7. | | | | |
| | ■ Yes | include pa | each creditor to whom you pai yments for domestic support o or this bankruptcy case. | | | ou paid that creditor. Do not also, do not include payments to a | |
| Credi | tor's Name a | nd Address | Dates of payme | nt Total amount | Amount you still owe | Was this payment for | |
| РО В | inancial ox 183853 gton, TX 76 | | Regular mont lease paymen | hly \$520.00 | \$13,959.00 | ☐ Mortgage ■ Car | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

page 2

| | otor 2 Amy L Wright | | Cas | se number (if known) | | |
|---|---|---|--|--|------------------------------------|--|
| | Within 1 year before you filed for bankrup <i>Insiders</i> include your relatives; any general p of which you are an officer, director, person is a business you operate as a sole proprietor. alimony. | artners; relatives of any gen n control, or owner of 20% (| neral partners; partners or more of their voting | erships of which yo g securities; and a | ou are a general ny managing ag | partner; corporations ent, including one for |
| | ■ No□ Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for the | his payment |
| | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co | | yments or transfer a | any property on a | ccount of a dek | ot that benefited an |
| | ■ No | | | | | |
| | ☐ Yes. List all payments to an insider Insider's Name and Address | Dates of payment | Total amount | Amount you | Reason for the | his payment |
| | | | paid | still owe | Include credit | or's name |
| Part | t 4: Identify Legal Actions, Repossession | ons, and Foreclosures | | | | _ |
| | Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes. No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | case |
| | Within 1 year before you filed for bankrup Check all that apply and fill in the details belo | | erty repossessed, f | oreclosed, garnis | hed, attached, | seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the property |
| | | Explain what happene | d | | | ppy |
| | Within 90 days before you filed for bankru accounts or refuse to make a payment be No | | cluding a bank or fir | nancial institution | ı, set off any an | nounts from your |
| | Yes. Fill in the details. Creditor Name and Address | Describe the action th | e creditor took | Date | action was | Amount |
| | Ordano Hambana Adaroso | | o oroundr took | taker | | 7 |
| 12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of c court-appointed receiver, a custodian, or another official? | | | | | | |
| | ■ No □ Yes | | | | | |
| | | | | | | |
| Part | t 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankru ■ No | ptcy, did you give any gif | ts with a total value | of more than \$60 | 0 per person? | |
| | Yes. Fill in the details for each gift. Gifts with a total value of more than \$600 per person | Describe the gifts | | Dates the g | s you gave ifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| | otor 1 otor 2 | Leonard J Bunaisky Amy L Wright | | C | ase number (| if known) | | | |
|-----|---------------------------|--|----------------------|---|---------------------------|--|---------------------------|-------------------|------|
| 14. | I | n 2 years before you filed for bank No Yes. Fill in the details for each gift or o | | lid you give any gifts or contributions | s with a total | value of more than | \$600 to any charity? | | |
| | Gifts more Char | s or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Coc | total | Describe what you contributed | | Dates you contributed | Value | | |
| Par | rt 6: | List Certain Losses | | | | | | | |
| 15. | | n 1 year before you filed for bankru mbling? | uptcy or | since you filed for bankruptcy, did yo | ou lose anytl | ning because of thef | t, fire, other disaster, | | |
| | | No Yes. Fill in the details. | | | | | | | |
| | | cribe the property you lost and the loss occurred | Include | be any insurance coverage for the lo the amount that insurance has paid. Li ce claims on line 33 of Schedule A/B: I | st pending | Date of your loss | Value of property lost | | |
| Par | rt 7: | List Certain Payments or Transfer | s | | | | | | |
| 16. | Includ | ulted about seeking bankruptcy or | preparir | d you or anyone else acting on your ng a bankruptcy petition? s, or credit counseling agencies for serv | | | rty to anyone you | | |
| | Yes. Fill in the details. | | | | | | | | |
| | Addr Ema | on Who Was Paid ress il or website address on Who Made the Payment, if Not | transferred | | erty | Date payment or transfer was made | Amount of payment | | |
| | 1331 Lake | Office of Tiaon Michele Lynch 17 Madison Avenue ewood, OH 44107 chlaw@gmail.com | ı | Attorney Fees court costs and package - paid \$500 towards \$3 attorney fee | | 2/14/17 | \$898.00 | | |
| 17. | Do no | | ditors or | d you or anyone else acting on your r to make payments to your creditors ed on line 16. | | r transfer any prope | rty to anyone who | | |
| | | on Who Was Paid | | Description and value of any prope transferred | erty | Date payment or transfer was made | Amount of payment | | |
| 18. | Includinclud | ferred in the ordinary course of yo | ur busin s made a | as security (such as the granting of a se | | erty to anyone, othe | | | |
| | | on Who Received Transfer | | | and value of Describe any | | Date transfer was | | |
| | Addr | | | property transferred payme | | property transferred payment | | received or debts | made |
| | | on's relationship to you | | | • | , | | | |
| | | nyside | | Traded in 2013 Dodge Dart with 90,000 miles and \$8000 negative equity | Malibu fo | 2016 Chevrolet or 39 months at oer month | 2/28/16 | | |
| | non | - | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

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Best Case Bankruptcy

| Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | of which you are a | | |
|--|---|---------------------------------|---------------------------------------|-----------------------|---|---|--|
| | Name of trust | Description and | value of the prop | perty trans | ferred | Date Transfer was made | |
| Par | 8: List of Certain Financial Accounts, Insti | ruments, Safe Depos | it Boxes, and Sto | orage Unit | s | | |
| 20. | Within 1 year before you filed for bankruptcy, sold, moved, or transferred? Include checking, savings, money market, or houses, pension funds, cooperatives, association No Yes. Fill in the details. | other financial accor | unts; certificates | of deposit | | | |
| | | Last 4 digits of account number | Type of accou | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer | |
| 21. | Do you now have, or did you have within 1 ye cash, or other valuables? No | ar before you filed fo | or bankruptcy, ar | ny safe dep | oosit box or other deposi | tory for securities, | |
| | Yes. Fill in the details. Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | | | Describe the contents | | Do you still have it? | |
| 22. | Have you stored property in a storage unit or No Yes. Fill in the details. | place other than you | ır home within 1 | year befor | e you filed for bankrupto | y? | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | to it? | to it? Address (Number, Street, City, | | the contents | Do you still have it? | |
| Par | 9: Identify Property You Hold or Control for | or Someone Else | | | | | |
| 23. | Do you hold or control any property that som for someone. No Yes. Fill in the details. | eone else owns? Inc | lude any propert | ty you borr | owed from, are storing f | or, or hold in trust | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | | (Number, Street, City, State and ZIP | | the property | Value | |
| Par | Part 10: Give Details About Environmental Information | | | | | | |
| For | he purpose of Part 10, the following definition | ns apply: | | | | | |
| | Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material. | | | | | | |
| | Site means any location, facility, or property a to own, operate, or utilize it, including dispos | | environmental l | aw, wheth | er you now own, operate | , or utilize it or used | |
| | Hazardous material means anything an environ hazardous material, pollutant, contaminant, o | | s as a hazardous | waste, ha | zardous substance, toxid | substance, | |
| Rep | ort all notices, releases, and proceedings that | you know about, reç | gardless of when | they occu | rred. | | |

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| 24. | _ | any governmental unit notified you that | you may be liable or potentially liable | une | der or in violation of an environm | ental law? | | |
|-----|---|--|--|---|------------------------------------|--------------------|--|--|
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | e you been a party in any judicial or adm | ninistrative proceeding under any envi | iron | mental law? Include settlements | and orders. | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ture of the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or 0 | Connections to Any Business | | | | | |
| 27. | Wit | hin 4 years before you filed for bankrupto | cy, did you own a business or have an | ıy o | f the following connections to any | y business? | | |
| | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time | | | | | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | | |
| | ☐ A partner in a partnership | | | | | | | |
| | ☐ An officer, director, or managing executive of a corporation | | | | | | | |
| | ☐ An owner of at least 5% of the voting or equity securities of a corporation | | | | | | | |
| | No. None of the above applies. Go to Part 12. | | | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | s. | | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification numbe | | | |
| | | dress mber, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Name of accountant or bookkeeper Dates business experies the property of the | | | | |
| 28. | | hin 2 years before you filed for bankrupto itutions, creditors, or other parties. | cy, did you give a financial statement t | to a | nyone about your business? Incl | ude all financial | | |
| | | No Yes. Fill in the details below. | | | | | | |
| | | me dress mber, Street, City, State and ZIP Code) | Date Issued | | | | | |
| | | | | | | | | |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Debtor 1 Debtor 2 | Leonard J Bunaisky Amy L Wright | | Case number (if known) |
|----------------------|--|------------------|--|
| Part 12: | Sign Below | | |
| are true a | | lse statement | nd any attachments, and I declare under penalty of perjury that the answers concealing property, or obtaining money or property by fraud in connection prisonment for up to 20 years, or both. |
| /s/ Leon | nard J Bunaisky | /s/ An | ny L Wright |
| Leonard | d J Bunaisky | Amy | L Wright |
| Signatur | e of Debtor 1 | Signat | ture of Debtor 2 |
| Date A | pril 11, 2017 | Date | April 11, 2017 |
| Did you a | ttach additional pages to Your Statement | t of Financial | Affairs for Individuals Filing for Bankruptcy (Official Form 107)? |
| ■ No | | | |
| ☐ Yes | | | |
| Did you p | pay or agree to pay someone who is not a | n attorney to | help you fill out bankruptcy forms? |
| ■ No | | | |
| ☐ Yes. N | ame of Person Attach the Bankrupto | cy Petition Prej | parer's Notice, Declaration, and Signature (Official Form 119). |

Official Form 107

Statement of Financial Affairs for Individuals Filing for Bankruptcy

| Fill in this information to identify your case: | | | | | | |
|---|---|--|--|--|--|--|
| Debtor 1 | Leonard J Bunaisky | | | | | |
| Debtor 2 (Spouse, if filing) Amy L Wright | | | | | | |
| United States B | Bankruptcy Court for the: Northern District of Ohio | | | | | |
| Case number(if known) | | | | | | |
| | | | | | | |

| Check as directed in lines 17 and 21: | | | | | | | |
|---------------------------------------|--|--|--|--|--|--|--|
| | According to the calculations required by this Statement: | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part 1: Calculate Your Average Monthly Income 1. What is your marital and filing status? Check one only. □ Not married. Fill out Column A, lines 2-11. ■ Married. Fill out both Columns A and B. lines 2-11. Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space. Column A Column B Debtor 1 Debtor 2 or non-filing spouse 2. Your gross wages, salary, tips, bonuses, overtime, and commissions (before all 5,250.59 3,177.12 payroll deductions). Alimony and maintenance payments. Do not include payments from a spouse if 0.00 0.00 Column B is filled in. 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not 0.00 0.00 filled in. Do not include payments you listed on line 3. 5. Net income from operating a business, Debtor 1 profession, or farm \$ 0.00 Gross receipts (before all deductions) 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 Net monthly income from a business, profession, or farm \$ 6. Net income from rental and other real property Debtor 1 0.00 \$ Gross receipts (before all deductions) -\$ 0.00 Ordinary and necessary operating expenses 0.00 Copy here -> \$ 0.00 0.00 \$ Net monthly income from rental or other real property

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 1

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Best Case Bankruptcy

| | | | Column A Debtor 1 | | Column B Debtor 2 | or | |
|------|--|--------------------|-------------------|-----------|-------------------|----------------|----------------------------|
| 7. | Interest, dividends, and royalties | | \$ | 0.00 | \$ | 0.00 | |
| 8. | Unemployment compensation | | \$ | 0.00 | \$ | 0.00 | |
| | Do not enter the amount if you contend that the amount received was a ber the Social Security Act. Instead, list it here: | nefit unde | r | | | | |
| | | 0.00 | | | | | |
| | For your spouse \$ | 0.00 | | | | | |
| 9. | Pension or retirement income. Do not include any amount received that venefit under the Social Security Act. | was a | \$ | 0.00 | \$ | 0.00 | |
| 10. | Income from all other sources not listed above. Specify the source and Do not include any benefits received under the Social Security Act or paym received as a victim of a war crime, a crime against humanity, or internation domestic terrorism. If necessary, list other sources on a separate page and total below. | ents nal or | | | | | |
| | | | \$ | 0.00 | \$ | 0.00 | |
| | | | \$ | 0.00 | \$ | 0.00 | |
| | Total amounts from separate pages, if any. | + | \$ | 0.00 | \$ | 0.00 | |
| 11. | Calculate your total average monthly income. Add lines 2 through 10 for each column. Then add the total for Column A to the total for Column B. | \$ | 3,177.12 | + _ | 5,250.59 | = \$ | 8,427.71 |
| Part | 2: Determine How to Measure Your Deductions from Income | | | | | | al average hthly income |
| | Copy your total average monthly income from line 11. | | | | | \$ | 8,427.71 |
| 13. | Calculate the marital adjustment. Check one: | | | | | Ψ | 0,427.71 |
| | ☐ You are not married. Fill in 0 below. | | | | | | |
| | You are married and your spouse is filing with you. Fill in 0 below. | | | | | | |
| | ☐ You are married and your spouse is not filing with you. | | | | | | |
| | Fill in the amount of the income listed in line 11, Column B, that was N dependents, such as payment of the spouse's tax liability or the spous | | | | | | |
| | Below, specify the basis for excluding this income and the amount of i adjustments on a separate page. | ncome de | evoted to each | h purpose | e. If necessar | y, list additi | onal |
| | If this adjustment does not apply, enter 0 below. | | | | | | |
| | | _ \$_ | | | | | |
| | | _ | | | | | |
| | | _ * _ | | | | | |
| | Total | \$ | 0.0 | 00Cc | opy here=> | | 0.00 |
| 14. | Your current monthly income. Subtract line 13 from line 12. | | | | | \$ | 8,427.71 |
| 15. | Calculate your current monthly income for the year. Follow these step | os: | | | | | |
| | 15a. Copy line 14 here=> | | | | | \$ | 8,427.71 |
| | Multiply line 15a by 12 (the number of months in a year). | | | | | x 1 | 2 |
| | 15b. The result is your current monthly income for the year for this part of | f the form | l | | | | 01,132.52 |
| | | | | | | | |

| Debtor 1 | Leonard J Bunaisky |
|----------|--------------------|
| Debtor 2 | Amy L Wright |

| Case number (if known) | |
|------------------------|--|
|------------------------|--|

| 16 | 6. Calculate the median family income that applies to y | ou. Follow these steps: | | | |
|----|--|---|------------------------------------|--------------|-----------------|
| | 16a. Fill in the state in which you live. | ОН | | | |
| | 16b. Fill in the number of people in your household. | 3 | | | |
| | 16c. Fill in the median family income for your state and | | | \$_ | 68,361.00 |
| | To find a list of applicable median income amounts instructions for this form. This list may also be avai | | | | |
| 17 | 7. How do the lines compare? | iable at the ballit aptoy cloth | o omoo. | | |
| | 17a. Line 15b is less than or equal to line 16c. C 11 U.S.C. § 1325(b)(3). Go to Part 3. Do N | | | | |
| | 17b. Line 15b is more than line 16c. On the top 1325(b)(3). Go to Part 3 and fill out Calcuyour current monthly income from line 14 a | lation of Your Disposable | | | |
| ar | t 3: Calculate Your Commitment Period Under 11 | U.S.C. § 1325(b)(4) | | | |
| 8. | Copy your total average monthly income from line 1 | 1. | | \$ | 8,427.71 |
| 9. | Deduct the marital adjustment if it applies. If you are contend that calculating the commitment period under 1 spouse's income, copy the amount from line 13. | married, your spouse is not 1 U.S.C. § 1325(b)(4) allows | filing with you, and you | | |
| | 19a. If the marital adjustment does not apply, fill in 0 on | line 19a. | | -\$ | 0.00 |
| | 19b. Subtract line 19a from line 18. | | | \$ | 8,427.71 |
| 0. | Calculate your current monthly income for the year. | Follow these steps: | | | |
| | 20a. Copy line 19b | · | | \$_ | 8,427.71 |
| | Multiply by 12 (the number of months in a year). | | | _ | 12 |
| | | | | | · '- |
| | 20b. The result is your current monthly income for the year | ear for this part of the form | | \$_ | 101,132.52 |
| | 20c. Copy the median family income for your state and | size of household from line 1 | 6c | \$_ | 68,361.00 |
| | 21. How do the lines compare? | | | | |
| | Line 20b is less than line 20c. Unless otherwing period is 3 years. Go to Part 4. | se ordered by the court, on the | ne top of page 1 of this form, che | eck box 3, 7 | The commitment |
| | ■ Line 20b is more than or equal to line 20c. Un commitment period is 5 years. Go to Part 4. | less otherwise ordered by th | e court, on the top of page 1 of t | his form, ch | neck box 4, The |
| ar | t 4: Sign Below | | | | |
| | By signing here, under penalty of perjury I declare that t | he information on this statem | nent and in any attachments is tr | ue and cor | ect. |
|) | (/s/ Leonard J Bunaisky | χ /s/ Am | y L Wright | | |
| | Leonard J Bunaisky | | Wright | | |
| | Signature of Debtor 1 | · · | re of Debtor 2 | | |
| | Date April 11, 2017 MM / DD / YYYY | | April 11, 2017 MM / DD / YYYY | | |
| | WINT DD / IIII | IV | וווון טטוווו | | |

Official Form 122C-1 Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

page 3

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| Fill in this info | ormation to identify your case: | |
|-------------------------------|---|---|
| Debtor 1 | Leonard J Bunaisky | |
| Debtor 2 (Spouse, if filin | Amy L Wright | |
| United States I | Bankruptcy Court for the: Northern District of Ohio | |
| Case number (if known) | | ☐ Check if this is an amended filing |
| Official Form 1 Chapter | 22C-2 13 Calculation of Your Disposable I | ncome 04/10 |
| | form, you will need your completed copy of <i>Chapter 13 Statemo</i> Period (Official Form 122C-1). | ent of Your Current Monthly Income and Calculation of |
| space is neede | e and accurate as possible. If two married people are filing togo ed, attach a separate sheet to this form, Include the line number es, write your name and case number (if known). | |
| Part 1: Ca | Iculate Your Deductions from Your Income | |
| the questio | I Revenue Service (IRS) issues National and Local Standards for ns in lines 6-15. To find the IRS standards, go online using the may also be available at the bankruptcy clerk's office. | |
| expenses if | expense amounts set out in lines 6-15 regardless of your actual expetthey are higher than the standards. Do not include any operating exed to not deduct any amounts that you subtracted from your spouse's | penses that you subtracted from income in lines 5 and 6 of Form |
| If your expe | nses differ from month to month, enter the average expense. | |
| Note: Line n | umbers 1-4 are not used in this form. These numbers apply to inform | nation required by a similar form used in chapter 7 cases. |
| 5. The ทเ | umber of people used in determining your deductions from inco | me |
| plus the | ne number of people who could be claimed as exemptions on your for enumber of any additional dependents whom you support. This number of people in your household. | |
| National St | andards You must use the IRS National Standards to answ | wer the questions in lines 6-7. |
| 6. Food, | clothing, and other items: Using the number of people you entered | d in line 5 and the IRS National |

7. Out-of-pocket health care allowance: Using the number of people you entered in line 5 and the IRS National Standards, fill in the dollar amount for out-of-pocket health care. The number of people is split into two categories--people who are under 65 and people who are 65 or older--because older people have a higher IRS allowance for health car costs. If your actual expenses are higher than this IRS amount, you may deduct the additional amount on line 22.

Official Form 22C-2

Chapter 13 Calculation of Your Disposable Income

page 1

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Standards, fill in the dollar amount for food, clothing, and other items.

1.249.00

L Wright Case number (if known)

| - | | | | | | |
|---------------|--|-------------------------|--------------------|------------|----------------|---------------------------------|
| 7a | who are under 65 years of age | | | | | |
| | . Out-of-pocket health care allowance per person | \$54_ | | | | |
| 7b | . Number of people who are under 65 | X 3 | | | | |
| 7c | . Subtotal. Multiply line 7a by line 7b. | \$162.00 | Copy here= | > \$ | 162.00 | |
| People | who are 65 years of age or older | | | | | |
| 7d | . Out-of-pocket health care allowance per person | \$130 | | | | |
| 7e | . Number of people who are 65 or older | X0 | | | | |
| 7f. | Subtotal. Multiply line 7d by line 7e. | \$ | Copy here=: | > \$ | 0.00 | |
| 7g | . Total. Add line 7c and line 7f | \$_ | 162.00 | Сору | / total here=> | \$162.00_ |
| | | | | | | |
| | Standards You must use the IRS Local Standards to | · | | d for bour | alaa far | |
| | on information from the IRS, the U.S. Trustee Prog ptcy purposes into two parts: | ram nas divided the in | S Local Standar | a for nous | sing for | |
| ■ Hou | sing and utilities - Insurance and operating expen | ses | | | | |
| ■ Hou | sing and utilities - Mortgage or rent expenses | | | | | |
| | wer the questions in lines 8-9, use the U.S. Trusted te instructions for this form. This chart may also b | | | | ng the link s | specified in the |
| 8. Hc | busing and utilities - Insurance and operating expetched the dollar amount listed for your county for insurance and your county for your county for insurance and your county for insurance and your county for your county for your county for insurance and your county for you | nses: Using the numbe | r of people you en | | ne 5, fill \$_ | 545.00 |
| 9. H c | ousing and utilities - Mortgage or rent expenses: | | | | | |
| 9a | . Using the number of people you entered in line 5, fi listed for your county for mortgage or rent expenses | | | \$ | 1,056.00 | |
| 9b | . Total average monthly payment for all mortgages a | nd other debts secured | by your home. | | | |
| | To calculate the total average monthly payment, accontractually due to each secured creditor in the 60 for bankruptcy. Next divide by 60. | | | | | |
| | | | | | | |
| | Name of the creditor | Average monthly payment | , | | | |
| | Name of the creditor -NONE- | | , | | | |
| | | payment | ■ = | | | Deposit this are supt |
| | | payment \$\$ | Сору | -\$ | 0.00 | Repeat this amount on line 33a. |
| 9c | -NONE- 9b. Total average monthly paymen | payment \$ | Сору | -\$ | 0.00 | Repeat this amount on line 33a. |

10. If you claim that the U.S. Trustee Program's division of the IRS Local Standard for housing is incorrect and affects the calculation of your monthly expenses, fill in any additional amount you claim.

0.00

Explain why:

| ebtor 1 Debtor 2 | Leonard J Bunaisky Amy L Wright | | | Case number (if k | nown) | | |
|---------------------|---|-----------------|----------------|------------------------|--------------|---------------------------------------|--------|
| 11. | Local transportation expenses: Check the number of vehi | cles for which | ch you claim a | an ownership o | or operating | expense. | |
| | □ 0. Go to line 14. | | | | | | |
| | ☐ 1. Go to line 12. | | | | | | |
| | 2 or more. Go to line 12. | | | | | | |
| 12. | Vehicle operation expense: Using the IRS Local Standard operating expenses, fill in the <i>Operating Costs</i> that apply for | | | | | | 408.00 |
| 13. | Vehicle ownership or lease expense: Using the IRS Loca You may not claim the expense if you do not make any loan more than two vehicles. | | | | | | |
| Ve | Describe Vehicle 1: | | | | | | |
| 13a. | Ownership or leasing costs using IRS Local Standard | | | \$ | 0.00 | | |
| 13b. | Average monthly payment for all debts secured by Vehicle 1 Do not include costs for leased vehicles. | | | | | | |
| | To calculate the average monthly payment here and on line are contractually due to each secured creditor in the 60 mor bankruptcy. Then divide by 60. | | | t | | | |
| | Name of each creditor for Vehicle 1 | Average payment | • | | | | |
| | -NONE- | _ \$ | | | | | |
| | Total Average Monthly Payment | \$ | 0.00 | Copy here => -\$ | 0 | Repeat this amount on line 33b. | |
| 13c. | Net Vehicle 1 ownership or lease expense Subtract line 13b from line 13a. if this number is less than \$6 | O, enter \$0. | | \$ | 0.00 | Copy net Vehicle 1 expense here => \$ | 0.00 |
| Ve | nicle 2 Describe Vehicle 2: | | | | | _ | |
| 13d. | Ownership or leasing costs using IRS Local Standard | | | \$ | 0.00 | | |
| 13e. | Average monthly payment for all debts secured by Vehicle 2 leased vehicles. | 2. Do not incl | ude costs for | | | | |
| | Name of each creditor for Vehicle 2 | Average payment | • | | | | |
| | -NONE- | \$ | | | | | |
| | Total average monthly payment | \$ | 0.00 | Copy here => -\$ | 0.0 | Repeat this amount on line 33c. | |
| 13f. | Net Vehicle 2 ownership or lease expense | | | | | Copy net | |
| | Subtract line 13e from line 13d. if this number is less than \$6 | O, enter \$0. | | | | Vehicle 2 expense here | 0.00 |

15. Additional public transportation expense: If you claimed 1 or more vehicles in line 11 and if you claim that you may also deduct a public transportation expense, you may fill in what you believe is the appropriate expense, but you may not claim more than the IRS Local Standard for *Public Transportation*.

0.00

| (| Othe | r Necessary Expenses In addition to the extension to the | expense deductions listed above, you are allowed your monthly expense categories. | es for | |
|---|------------|---|--|----------------|----------|
| , | | self-employment taxes, social security taxes, ar | actually pay for federal, state and local taxes, such as income taxes, and Medicare taxes. You may include the monthly amount withheld from ct to receive a tax refund, you must divide the expected refund by 12 y amount that is withheld to pay for taxes. | ı | |
| | | Do not include real estate, sales, or use taxes. | | \$ | 2,280.08 |
| , | | Involuntary deductions: The total monthly pay contributions, union dues, and uniform costs. | yroll deductions that your job requires, such as retirement | | 0.00 |
| | | Do not include amounts that are not required by | y your job, such as voluntary 401(k) contributions or payroll savings. | \$_ | 0.00 |
| • | | filing together, include payments that you make | nat you pay for your own term life insurance. If two married people are e for your spouse's term life insurance. your dependents, for a non-filing spouse's life insurance, or for any form | n \$ | 29.44 |
| | | Court-ordered payments: The total monthly a administrative agency, such as spousal or child | amount that you pay as required by the order of a court or d support payments. | | |
| | | | ns for spousal or child support. You will list these obligations in line 35. | \$ | 496.43 |
| 2 | 20. | Education: The total monthly amount that you | pay for education that is either required: | | |
| | | as a condition for your job, or | | | |
| | | ■ for your physically or mentally challenged de | ependent child if no public education is available for similar services. | \$ | 0.00 |
| 2 | | Childcare: The total monthly amount that you po not include payments for any elementary or | pay for childcare, such as babysitting, daycare, nursery, and preschool. r secondary school education. | \$ | 0.00 |
| 2 | | that is required for the health and welfare of you | insurance costs: The monthly amount that you pay for health care or your dependents and that is not reimbursed by insurance or paid | | |
| | | py a nealth savings account. Include only the a Payments for health insurance or health saving | amount that is more than the total entered in line 7. | \$ | 0.00 |
| , | | , | The total monthly amount that you pay for telecommunication services | · - | |
| 2 | | for you and your dependents, such as pagers, or phone service, to the extent necessary for your income, if it is not reimbursed by your employer Do not include payments for basic home teleph | call waiting, caller identification, special long distance, or business cell r health and welfare or that of your dependents or for the production of | +\$ | 0.00 |
| 2 | | Add all of the expenses allowed under the If | | \$ | 6,225.95 |
| | | Add lines 6 through 23. | | | |
| 1 | Addi | | ditional deductions allowed by the Means Test. include any expense allowances listed in lines 6-24. | | |
| 2 | | Health insurance, disability insurance, and I | • • • • • • · · · · · · · · · · · · · · | | |
| | | | health savings account expenses. The monthly expenses for health ings accounts that are reasonably necessary for yourself, your spouse, | or | |
| | | insurance, disability insurance, and health savin | | or | |
| | | insurance, disability insurance, and health saving your dependents. | ings accounts that are reasonably necessary for yourself, your spouse, | or | |
| | | insurance, disability insurance, and health savii your dependents. Health insurance | ings accounts that are reasonably necessary for yourself, your spouse, \$434.90_ | or | |
| | | insurance, disability insurance, and health saving your dependents. Health insurance Disability insurance | \$ 434.90 \$ 3.75 | or \$ | 538.65 |
| | | insurance, disability insurance, and health saving your dependents. Health insurance Disability insurance Health savings account Total | \$ 434.90 \$ 3.75 + \$ 100.00 | | 538.65 |
| | | insurance, disability insurance, and health saving your dependents. Health insurance Disability insurance Health savings account | \$ 434.90 \$ 3.75 \$ 100.00 \$ Copy total here=> | | 538.65 |
| | | insurance, disability insurance, and health saving your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount? | \$ 434.90 \$ 3.75 \$ 100.00 \$ Copy total here=> | | 538.65 |
| 2 | 226. | insurance, disability insurance, and health saving your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of hous continue to pay for the reasonable and necessayour household or member of your immediate for the care of your immediate for the | \$ 434.90 \$ 3.75 \$ \$ 100.00 \$ 538.65 \$ Copy total here=> \$ \$ sehold or family members. The actual monthly expenses that you will ary care and support of an elderly, chronically ill, or disabled member of family who is unable to pay for such expenses. These expenses may | \$f | 538.65 |
| | 26. 27. | insurance, disability insurance, and health saving your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of hous continue to pay for the reasonable and necessary your household or member of your immediate frinclude contributions to an account of a qualifiee Protection against family violence. The reasonable include contributions to an account of the reasonable and necessary our household. | \$ 434.90 \$ 3.75 \$ 100.00 \$ 538.65 Copy total here=> \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ | \$ | |
| | 26. 27. | insurance, disability insurance, and health saving your dependents. Health insurance Disability insurance Health savings account Total Do you actually spend this total amount? No. How much do you actually spend? Yes Continued contributions to the care of hous continue to pay for the reasonable and necessary your household or member of your immediate frinclude contributions to an account of a qualifiee Protection against family violence. The reasonable include contributions to an account of the reasonable and necessary our household. | \$ 434.90 \$ 3.75 \$ 100.00 \$ 538.65 Copy total here=> \$ sehold or family members. The actual monthly expenses that you will arry care and support of an elderly, chronically ill, or disabled member of family who is unable to pay for such expenses. These expenses may ed ABLE program. 26 U.S.C. § 529A(b) sonably necessary monthly expenses that you incur to maintain the Violence Prevention and Services Act or other federal laws that apply. | \$f | |

| Debtor 1 Debtor 2 | Leonard J Bunaisky Amy L Wright | Case number (if | f known) | | |
|----------------------|---|--|---|-------|-------------|
| | Additional home energy costs. Your home line 8. | 1 | | | |
| | If you believe that you have home energy or 8, then fill in the excess amount of home en | osts that are more than the home energy costs include ergy costs | ed in expenses on li | ne | |
| | You must give your case trustee documenta amount claimed is reasonable and necessa | ation of your actual expenses, and you must show that ry. | the additional | \$ | 0.00 |
| | | ren who are younger than 18. The monthly expenses pendent children who are younger than 18 years old to | | r | |
| | You must give your case trustee documenta claimed is reasonable and necessary and n | ation of your actual expenses, and you must explain wlot already accounted for in lines 6-23. | hy the amount | | |
| | * Subject to adjustment on 4/01/19, and eve | ry 3 years after that for cases begun on or after the da | ite of adjustment. | \$ | 0.00 |
| | | ne monthly amount by which your actual food and cloth allowances in the IRS National Standards. That amou s in the IRS National Standards. | | | |
| | | onal allowance, go online using the link specified in the obe available at the bankruptcy clerk's office. | e separate | | |
| | You must show that the additional amount of | claimed is reasonable and necessary. | | \$ | 0.00 |
| | Continuing charitable contributions. The instruments to a religious or charitable orga | amount that you will continue to contribute in the form nization. 11 U.S.C. § 548(d)(3) and (4). | of cash or financia | I | |
| | Do not include any amount more than 15% | of your gross monthly income. | | \$ | 0.00 |
| | Add all of the additional expense deduct Add lines 25 through 31. | ions. | | \$_ | 538.65 |
| Ded | uctions for Debt Payment | | | | |
| Т | oans, and other secured debt, fill in lines To calculate the total average monthly payme treditor in the 60 months after you file for bar Mortgages on your home | ent, add all amounts that are contractually due to each | secured | Avera | age monthly |
| 33a. | Copy line 9b here | | => | \$ | 0.00 |
| | Loans on your first two vehicles | | | | |
| 33b. | Copy line 13b here | | => | \$ | 0.00 |
| 33c. | Carry line 42a hara | | _ | \$ | 0.00 |
| 33d. | List other secured debts: | | | | |
| | e of each creditor for other secured debt | Identify property that secures the debt | Does payment | | |
| | | | include taxes or insurance? | | |
| | Third Federal Savings & Loan | Savings: Third Federal Passbook - this is a collateral loan. The Passbook is the collateral for the loan. | | \$ | 20.00 |
| | Third Federal Savings & Loan | a collateral loan. The Passbook is the | or insurance? | \$ | 20.00 |
| | Third Federal Savings & Loan | a collateral loan. The Passbook is the | or insurance? ■ No □ Yes | \$ | 20.00 |
| | Third Federal Savings & Loan | a collateral loan. The Passbook is the | or insurance? No Yes No Yes | · | 20.00 |
| | Third Federal Savings & Loan | a collateral loan. The Passbook is the | or insurance? No Yes No Yes No No No | \$ | 20.00 |
| | Third Federal Savings & Loan | a collateral loan. The Passbook is the | or insurance? No Yes No Yes | · | 20.00 |

Chapter 13 Calculation of Your Disposable Income

page 5

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6,225.95

538.65

20.00

Copy total here=>

6,784.60

Copy line 24, All of the expenses allowed under IRS

Copy line 32, All of the additional expense deductions

Copy line 37, All of the deductions for debt payment

Total deductions.....

expense allowances

Chapter 13 Calculation of Your Disposable Income

Official Form 122C-2

6,784.60

| Part 2: De | etermine You | r Disposable Income Under 1 | 1 U.S.C. § 1325(b |)(2) | | | | |
|--|--|---|---|---|--------------------------|--------------------------------|--------------------|----------|
| | | rent monthly income from line Current Monthly Income and C | | | | | \$ | 8,427.71 |
| children disability received | The monthly payments for discourage d in accordance | ly necessary income you rece by average of any child support property or a dependent child, reported in the with applicable nonbankruptor anded for such child. | payments, foster of Part I of Form 12 | are payments, or 2C-1, that you | Ç | ₅ 0 | 0.00 | |
| employe in 11 U.S | er withheld fro S.C. § 541(b) | etirement deductions. The more mages as contributions for quality (7) plus all required repayments § 362(b)(19). | ualified retirement | plans, as specified | | s0 | 0.00 | |
| 42. Total of | f all deductio | ns allowed under 11 U.S.C. § | 707(b)(2)(A). Cop | y line 38 here= | > 9 | 6,784 | .60 | |
| expense their exp | es and you ha penses. You r | al circumstances. If special circumstances. If special circums on reasonable alternative, domust give your case trustee a descumentation for the expenses. | escribe the special etailed explanation | Il circumstances an | ıd | | | |
| Describe th | ne special cir | cumstances | | Amount of expe | ense | | | |
| | | | | \$ | | | | |
| | | | | \$ | | _ | | |
| | | | | \$ | | _ | | |
| | | | | | ٦ | _ | | |
| | | | Total \$_ | 0.00 | - 1 | opy ere=> \$ | 0.00 | |
| 44. Total ad | djustments. / | Add lines 40 through 43. | | => | \$ | 6,784.60 | Copy here=> -\$ | 6,784.60 |
| | | thly disposable income under | · § 1325(b)(2). Sul | otract line 44 from I | ine 3 | 39. | \$ | 1,643.11 |
| 46. Change have ch time you filed | e in income on the income of t | or expenses. If the income in Forvirtually certain to change after to open, fill in the information below, check 122C-1 in the first colurin when the increase occurred, | the date you filed ow. For example, nn, enter line 2 in | your bankruptcy pe if the wages reporte the second column | etitio ed in , exp | n and during the creased after | | |
| | Line | Reason for change | | Date of change | | Increase or | Amount o | f change |
| Form | Line | Reason for change | | | | decrease? | | |

Chapter 13 Calculation of Your Disposable Income

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| Debtor 1 Debtor 2 | Amy L Wright | Case number (if known) |
|----------------------|---|--|
| Part 4: | Sign Below | |
| E | By signing here, under penalty of perjury you declare | that the information on this statement and in any attachments is true and correct. |
| | /s/ Leonard J Bunaisky Leonard J Bunaisky Signature of Debtor 1 | X /s/ Amy L Wright Amy L Wright Signature of Debtor 2 |
| _ | April 11, 2017 MM / DD / YYYY | Date April 11, 2017 MM / DD / YYYY |

Leonard J Bunaisky

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCreditAndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

United States Bankruptcy Court Northern District of Ohio

| In re | Leonard J Bunaisky Amy L Wright | | Case No. | |
|----------|--|--|---|-------------------------------------|
| 111 10 | Ally L Wright | Debtor(s) | Chapter | 13 |
| | | | | EDEOD (C) |
| | DISCLOSURE OF COMPEN | NSATION OF ATTO | RNEY FOR DE | EBTOR(S) |
| C | cursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(compensation paid to me within one year before the filing terendered on behalf of the debtor(s) in contemplation of | g of the petition in bankruptcy | , or agreed to be paid | to me, for services rendered or to |
| | | | | 3,000.00 |
| | Prior to the filing of this statement I have received | | \$ | 500.00 |
| | Balance Due | | \$ | 2,500.00 |
| 2. T | he source of the compensation paid to me was: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 3. T | he source of compensation to be paid to me is: | | | |
| | ■ Debtor □ Other (specify): | | | |
| 4. ■ | I have not agreed to share the above-disclosed compe | ensation with any other persor | n unless they are mem | bers and associates of my law firm. |
| | I have agreed to share the above-disclosed compensa copy of the agreement, together with a list of the nan | | | |
| 5. I | n return for the above-disclosed fee, I have agreed to rea | nder legal service for all aspec | ets of the bankruptcy of | ease, including: |
| b. c. | Analysis of the debtor's financial situation, and render Preparation and filing of any petition, schedules, state Representation of the debtor at the meeting of credito [Other provisions as needed] Negotiations with secured creditors to refirm the provision and applications. | ement of affairs and plan which rs and confirmation hearing, a educe to market value; ex | h may be required; and any adjourned hea cemption planning; | rings thereof; |
| | reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on hou | ns as needed; preparationus usehold goods. | n and ming of moti | ons pursuant to 11 050 |
| 6. B | y agreement with the debtor(s), the above-disclosed fee Representation of the debtors in any dis any other adversary proceeding. | | | es, relief from stay actions or |
| | | CERTIFICATION | | |
| | certify that the foregoing is a complete statement of any nkruptcy proceeding. | agreement or arrangement fo | or payment to me for r | epresentation of the debtor(s) in |
| Αp | ril 11, 2017 | /s/ Tiaon M. Lynd | | |
| Da | te | Tiaon M. Lynch | | |
| | | Signature of Attorn Law Office of Tia | <i>ey</i> aon Michele Lynch | |
| | | 13317 Madison A | Avenue | |
| | | Lakewood, OH 4 | | |
| | | 246 226 6000 5 | OV: 246 226 4742 | |
| | | 216-226-5090 Fa tlynchlaw@gma | ax: 216-226-4712 il.com | |

United States Bankruptcy Court Northern District of Ohio

| In re | Amy L Wright | | Case No. | |
|--------|---------------------------------|---|---------------------|---------------------|
| | | Debtor(s) | Chapter | 13 |
| | VEI | RIFICATION OF CREDITOR | MATRIX | |
| The ab | ove-named Debtors hereby verify | y that the attached list of creditors is true and o | correct to the best | of their knowledge. |
| Date: | April 11, 2017 | /s/ Leonard J Bunaisky | | |
| | | Leonard J Bunaisky Signature of Debtor | | |
| Date: | April 11, 2017 | /s/ Amy L Wright | | |
| | | Amy L Wright | | |
| | | Signature of Debtor | | |

Leonard J Bunaisky

Bunaisky, Leonard and Amy -

AmeriCredit/GM Financial Po Box 183853 Arlington, TX 76096

AmeriFinancial Solutions. Llc Po Box 65018 Baltimore, MD 21264

Bank Of America Nc4-105-03-14 Po Box 26012 Greensboro, NC 27410

Barclays Bank Delaware 100 S West St Wilmington, DE 19801

Capital One Attn: General Correspondence/Bankruptcy Po Box 30285 Salt Lake City, UT 84130

Chase Card Attn: Correspondence Po Box 15298 Wilmington, DE 19850

Citibank North America Citicorp Credit Srvs/Centralized Bankrup Po Box 790040 Saint Louis, MO 63179

Citicards Cbna Citicorp Credit Svc/Centralized Bankrupt Po Box 790040 Saint Louis, MO 63179

Comenity Bank/gndrmtmc Po Box 182125 Columbus, OH 43218

CSEA 1640 Superior Ave. East PO Box 93318 Cleveland, OH 44101 Danyelle Kavouras 6375 State Road Cleveland, OH 44134

Prosper Marketplace Inc Po Box 396081 San Francisco, CA 94139

Synchrony Bank/ JC Penneys Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Lowes Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Synchrony Bank/Walmart Attn: Bankruptcy Po Box 956060 Orlando, FL 32896

Third Federal Savings & Loan ATTN: Bankruptcy 7007 Broadway Ave. Cleveland, OH 44105

US Bank/Rms CC Card Member Services Po Box 108 St Louis, MO 63166